Devi, S.
08/870762

FILE 'REGISTRY' ENTERED AT 12:42:18 ON 18 NOV 2005
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STRUCTURE FILE UPDATES: 16 NOV 2005 HIGHEST RN 868209-27-2
DICTIONARY FILE UPDATES: 16 NOV 2005 HIGHEST RN 868209-27-2

New CAS Information Use Policies, enter HELP USAGETERMS for details.

TSCA INFORMATION NOW CURRENT THROUGH JULY 14, 2005

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*                                                                    *
* The CA roles and document type information have been removed from *
* the IDE default display format and the ED field has been added,   *
* effective March 20, 2005.  A new display format, IDERL, is now    *
* available and contains the CA role and document type information. *
*                                                                    *
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Structure search iteration limits have been increased. See HELP SLIMITS for details.

REGISTRY includes numerically searchable data for experimental and predicted properties as well as tags indicating availability of experimental property data in the original document. For information on property searching in REGISTRY, refer to:

http://www.cas.org/ONLINE/UG/regprops.html

```
L1            64 S AMYLIN?/CN
                 E PRAMLINTIDE/CN 5
L2             2 S E3-4
L3            22 S ?HUMAN AMYLIN?/CNS
L4            85 S L1 OR L2 OR L3
```

- key terms

FILE 'HCAPLUS' ENTERED AT 12:42:18 ON 18 NOV 2005
USE IS SUBJECT TO THE TERMS OF YOUR STN CUSTOMER AGREEMENT.
PLEASE SEE "HELP USAGETERMS" FOR DETAILS.

Searcher : Shears 571-272-2528

FILE COVERS 1907 - 18 Nov 2005 VOL 143 ISS 22
FILE LAST UPDATED: 17 Nov 2005 (20051117/ED)

New CAS Information Use Policies, enter HELP USAGETERMS for details.

This file contains CAS Registry Numbers for easy and accurate substance identification.

L1 64 SEA FILE=REGISTRY ABB=ON PLU=ON AMYLIN?/CN
L2 2 SEA FILE=REGISTRY ABB=ON PLU=ON (PRAMLINTIDE/CN OR "PRAMLINTIDE ACETATE"/CN)
L3 22 SEA FILE=REGISTRY ABB=ON PLU=ON ?HUMAN AMYLIN?/CNS
L4 85 SEA FILE=REGISTRY ABB=ON PLU=ON L1 OR L2 OR L3
L5 5871 SEA FILE=HCAPLUS ABB=ON PLU=ON L4 OR AMYLIN OR AC128 OR IAPP OR (ISLET OR INSULINOM?)(W)AMYLOID OR DAP OR DIABET?(W)(ASSOCIAT? OR ASS##)(W)(PROTEIN OR POLYPROTEIN OR PEPTIDE OR POLYPEPTIDE) OR PRAMLINTIDE OR AC0137 OR AC137 OR AC(W)(0137 OR 137 OR 128) OR AMLINTIDE OR SYMLIN
L6 144446 SEA FILE=HCAPLUS ABB=ON PLU=ON OBESITY OR OBESE OR OVERWEIGH? OR OVER(W)(WT OR WEIGH? OR EAT OR EATING) OR OVEREAT? OR ANTIOBES? OR (WT OR WEIGH?)(3A)(GAIN OR INCREAS?)
L7 150 SEA FILE=HCAPLUS ABB=ON PLU=ON L5(L)L6
L8 100 SEA FILE=HCAPLUS ABB=ON PLU=ON L7(L)(TREAT? OR THERAP? OR PREVENT? OR CONTROL?)
L9 16 SEA FILE=HCAPLUS ABB=ON PLU=ON L8(L)ADMIN?

L9 ANSWER 1 OF 16 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 27 Apr 2005
ACCESSION NUMBER: 2005:358854 HCAPLUS
DOCUMENT NUMBER: 143:109467
TITLE: Chronically Administered Islet Amyloid Polypeptide in Rats Serves as an Adiposity Inhibitor and Regulates Energy Homeostasis
AUTHOR(S): Isaksson, B.; Wang, F.; Permert, J.; Olsson, M.; Fruin, B.; Herrington, M. K.; Enochsson, L.; Erlanson-Albertsson, C.; Arnelo, U.
CORPORATE SOURCE: Arvid Wretlind Laboratory for Metabolic and Nutritional Research, Department of Surgery, Karolinska Institutet at Huddinge University Hospital, Stockholm, SE-14186, Swed.
SOURCE: Pancreatology (2005), 5(1), 29-36
CODEN: PANCC2; ISSN: 1424-3903
PUBLISHER: S. Karger AG
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Aims/Hypothesis: **Islet amyloid** polypeptide (**IAPP**) reduces food intake and body weight in laboratory animals. In addition, **IAPP** appears to regulate nutrient metabolism In the present studies, we investigated the effect of chronic **IAPP treatment** on different aspects of energy homeostasis. Methods: **IAPP** was infused (25 pmol/kg/min) from s.c. osmotic pumps for 2-7 days. Rats in 2 saline-infused **control** groups were fed ad libitum (AF) or pair-fed (PF) against the **IAPP-treated** rats. Results: As expected, the **IAPP** infusion reduced food intake and body **weight gain.** In addition, the **IAPP treatment** decreased the epididymal fat pad (vs. PF rats, $p < 0.05$) and lowered circulating levels of triglycerides (vs. PF rats, $p < 0.05$), free fatty acids (vs.

PF rats, p < 0.05), leptin (vs. both AF and PF rats, p < 0.05) and insulin (vs. AF rats, p < 0.05). In contrast, glucose and protein metabolism in the **IAPP-treated** rats was largely unchanged, as shown in results regarding serum glucose, glucose transport in skeletal muscle, blood urea nitrogen, and glycogen and protein content in the liver and in skeletal muscle. Conclusion/Interpretation: In summary, chronic **IAPP** exposure led to a changed lipid metabolism, which was characterized by decreased adiposity, hypolipidemia and hypoleptinemia, and to unchanged glucose and protein homeostasis. These results were similar to those seen in rodents during chronic exposure to another satiety/adiposity regulator, leptin. In conclusion, chronically **administered** **IAPP** plays a role as a satiety and adiposity signal in rats, and helps regulate energy homeostasis.

REFERENCE COUNT: 47 THERE ARE 47 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 2 OF 16 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 08 Oct 2004
ACCESSION NUMBER: 2004:822389 HCAPLUS
DOCUMENT NUMBER: 142:107473
TITLE: Insulin therapy in type 2 diabetes
AUTHOR(S): Davis, Trent; Edelam, Steven V.
CORPORATE SOURCE: Section of Diabetes/Metabolism, Veterans Affairs San Diego HealthCare System, San Diego, CA, 92161, USA
SOURCE: Medical Clinics of North America (2004), 88(4), 865-895
CODEN: MCNAA9; ISSN: 0025-7125
PUBLISHER: Elsevier Inc.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English

AB A review. Type 2 diabetes is a common disorder often accompanied by numerous metabolic abnormalities leading to elevated rates of cardiovascular morbidity and mortality. Improved glycemia will delay or **prevent** the development of microvascular disease and reduce many or all of the acute and subacute complications that worsen the quality of daily life. Exogenous insulin is usually the last line of **treatment** used to normalize glycosylated Hb in patients with type 2 diabetes who have failed other **therapeutic** modalities. In selected patients, combination **therapy** with insulin and oral antidiabetic medications can be an effective method for normalizing glycemia without the need for rigorous insulin regimens. Bedtime intermediate- and long acting-insulin are **administered** and progressively increased until the fasting blood glucose concentration is normalized. Addnl. benefits of combination **therapy** include ease of **administration**, excellent patient compliance and safety, and lower exogenous insulin requirements with less peripheral hyperinsulinemia and **weight** **gain**. If combination **therapy** is not successful, a split-mixed regimen of an intermediate- and a fast-acting insulin equally divided between the pre-breakfast and pre-dinner periodos can be effective especially in **obese** patients. For patients who do not achieve glucose **control** on combination or split-mixed regimens, an intensive basal bolus multiple-injection regimen is indicated. Continuous s.c. insulin infusion pumps can be particularly useful in **treating** patients with type 2 diabetes mellitus who do not respond satisfactorily to more conventional

treatment strategies. The use of fast-acting insulin analogs should be used in the majority of insulin-requiring diabetics because of its more physiol. pharmacokinesis. Inhaled insulin and the **amylin** analog **pramlintide** also hold promise to intensively **control** glycemia in patients with insulin-requiring type 2 diabetes. The glycemic objectives for patients with type 2 diabetes should be similar to those for patients with type 1 diabetes, namely, to normalize glycemia and glycosylated Hb without causing undue **weight gain** or hypoglycemia or adversely affecting the quality of daily life. This is best achieved in a multidisciplinary setting using complementary **therapeutic** modalities that include a combination of diet, exercise, and pharmacol. **therapy**. Emphasis should be placed on diet and exercise initially, and throughout the course of management as well, since even modest success with these **therapies** will enhance the glycemic response to both oral antidiabetic agents and insulin.

REFERENCE COUNT: 80 THERE ARE 80 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 3 OF 16 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 12 May 2004
ACCESSION NUMBER: 2004:382341 HCAPLUS
DOCUMENT NUMBER: 141:65420
TITLE: Chronic infusion of the amylin antagonist AC 187 increases feeding in Zucker fa/fa rats but not in lean controls
AUTHOR(S): Grabler, Valerie; Lutz, Thomas A.
CORPORATE SOURCE: Institute of Veterinary Physiology, Vetsuisse Faculty, University of Zurich, Zurich, CH-8057, Switz.
SOURCE: Physiology & Behavior (2004), 81(3), 481-488
CODEN: PHBHA4; ISSN: 0031-9384
PUBLISHER: Elsevier Science B.V.
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Numerous studies have established the pancreatic B-cell hormone **amylin** as an important anorectic peptide affecting meal-ending satiety. In the present study, the authors investigated the effect of a chronic infusion of the **amylin** antagonist AC 187 on food intake. The studies were performed using **obese** Zucker fa/fa rats, which are hyperamylinemic but have a defective leptin and insulin signaling system. A chronic i.p. infusion of the **amylin** antagonist AC 187 (10 μg/kg/h) significantly increased dark phase and total food intake in Zucker but not in lean **control** rats. During the 8-day infusion experiment, AC 187 had no clear effect on body **weight gain** in either group. After acute **administration**, **amylin** and its agonist salmon calcitonin (sCT) equally reduced food intake in Zucker and lean **control** rats while cholecystokinin's (CCK) anorectic effect was weaker in the Zucker rats. The authors provide evidence for **amylin** being a potential long-term regulator of food intake because AC 187 increased food intake in **obese** fa/fa rats but not in lean **control** animals, which have low baseline **amylin** levels. **Amylin** may play some role as lipostatic feedback signal similar to leptin and insulin at least when the leptin and insulin feedback signaling systems are deficient. Despite basal hyperamylinemia in the Zucker rats, they do not seem to

be less sensitive to the anorectic effects of **amylin** or its agonist sCT than resp. **controls**. This contrasts with CCK whose anorectic action is reduced in Zucker rats when compared with lean **controls**.

REFERENCE COUNT: 44 THERE ARE 44 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 4 OF 16 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 19 May 2003
ACCESSION NUMBER: 2003:379460 HCAPLUS
DOCUMENT NUMBER: 139:83224
TITLE: Inverse relation between amylin and glucagon secretion in healthy and diabetic human subjects
AUTHOR(S): Ludvik, B.; Thomaseth, K.; Nolan, J. J.; Clodi, M.; Prager, R.; Pacini, G.
CORPORATE SOURCE: University of Vienna Medical School, Vienna, Austria
SOURCE: European Journal of Clinical Investigation (2003), 33(4), 316-322
CODEN: EJCIB8; ISSN: 0014-2972
PUBLISHER: Blackwell Publishing Ltd.
DOCUMENT TYPE: Journal
LANGUAGE: English
AB The role of **amylin**, which is cosecreted together with insulin by the pancreatic B-cells, in the pathogenesis of type-2 diabetes is still unclear. To elucidate a possible relation between **amylin** and glucagon the authors directly evaluated the resp. prehepatic secretions following **administration** of a 75-g oral glucose load (OGL) in humans. We studied 6 healthy **controls** (C), 6 **obese**, insulin resistant subjects (O) and 6 patients with type 2 diabetes (D). Catheters were placed in the femoral artery and hepatic vein according to the hepatic vein catheterization technique. Splanchnic blood flow was assessed by infusion of indocyanine-green dye. The measured variables were analyzed by a general circulatory model for calcn. of prehepatic secretion. The total amount of released glucagon was not different between the resp. groups (20.5 ± 2.3 in C, 27.7 ± 5.1 in O and 27.9 ± 5.4 μg/4 h in D). When considered as the difference from the fasting profile, however, glucagon secretion was reduced by 3.5 ± 14% in C, 25 ± 12% in O and increased by 36 ± 21 % in D (P = 0.051, D vs. C). **Amylin** secretion was increased in O (1.10 ± 0.15) vs. C (0.63 ± 0.05, $P < 0.05$) and D (0.24 ± 0.10 nmol, $P < 0.01$). Following glucose **administration**, glucagon secretion significantly inversely correlated with secretion of **amylin** ($r=-0.6$, $P < 0.01$), but not with that of insulin ($r= -0.23$, $P= 0.36$). The inverse correlation between **amylin** and glucagon secretion suggests that **amylin** modulates glucagon secretion following oral glucose **administration**. This study proves for the first time a role of endogenous **amylin** in the regulation of glucose homeostasis.

REFERENCE COUNT: 32 THERE ARE 32 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 5 OF 16 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 12 Jul 2002
ACCESSION NUMBER: 2002:521682 HCAPLUS
DOCUMENT NUMBER: 137:242286

TITLE: Estrogen can prevent or reverse obesity and diabetes in mice expressing human islet amyloid polypeptide
AUTHOR(S): Geisler, John G.; Zawalich, Walter; Zawalich, Kathleen; Lakey, Jonathan R. T.; Stukenbrok, Hans; Milici, Anthony J.; Soeller, Walter C.
CORPORATE SOURCE: Yale University, New Haven, CT, USA
SOURCE: Diabetes (2002), 51(7), 2158-2169
CODEN: DIAEAZ; ISSN: 0012-1797
PUBLISHER: American Diabetes Association
DOCUMENT TYPE: Journal
LANGUAGE: English

AB Type 2 diabetes is characterized by loss of β-cell mass and concomitant deposition of amyloid derived from **islet amyloid** polypeptide (**IAPP**). Previously the authors have shown that expression of human **IAPP** (huIAPP) in islets of transgenic mice results in either a rapid onset of hyperglycemia in mice homozygous for the huIAPP transgene on a lean background (FVB/N) or a gradual hyperglycemia in mice hemizygous for the huIAPP transgene on an **obese** background (Avy/A). In both strains, only the males routinely develop diabetes. To investigate this sexual dimorphism, the authors **treated** young prediabetic Avy/A mice transgenic for huIAPP (huIAPP-Avy) with 17β-estradiol (E2). The **treatment** completely blocked the progression to hyperglycemia but also **prevented** the associated **weight gain** in these mice. Immunohistochem. of pancreatic sections demonstrated normal islet morphol. with no apparent deposition of **islet amyloid**. E2 **treatment** of 1-yr-old huIAPP-Avy diabetic males rapidly reverses **obesity** and hyperglycemia. To determine the effects of E2 in a nonobese model, the authors also **treated** prediabetic, ad libitum-fed and pair-fed Lean-huIAPP transgenic males. E2 completely blocked the progression to hyperglycemia with no significant effect on body weight Pancreatic insulin content and plasma insulin concentration of Lean-huIAPP transgenic mice increased in a dose-dependent manner. The authors demonstrated the presence of estrogen receptor (ER)-α mRNA in mouse and human islets. By also confirming the presence of ER-α protein in islets, the authors discovered a novel 58-kDa ER-α isoform in mice and a 52-kDa isoform in humans, in the absence of the classic 67-kDa protein found in most tissues of both species. The demonstrated presence of ER-α in mouse and human islets is consistent with a direct effect on islet function. The authors conclude that exogenous E2 **administered** to male mice may block human **IAPP**-mediated β-cell loss both by direct action on β-cells and by decreasing insulin demand through inhibition of **weight gain** or **increasing** insulin action.

REFERENCE COUNT: 55 THERE ARE 55 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 6 OF 16 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 10 Sep 2001
ACCESSION NUMBER: 2001:660799 HCAPLUS
DOCUMENT NUMBER: 135:327466
TITLE: Effects of amylin and adrenomedullin on the skeleton
AUTHOR(S): Cornish, J.; Reid, I. R.
CORPORATE SOURCE: Department of Medicine, University of Auckland,

Auckland, N. Z.
SOURCE: Journal of Musculoskeletal & Neuronal Interactions (2001), 2(1), 15-24
CODEN: JMNIB3; ISSN: 1108-7161
PUBLISHER: Journal of Musculoskeletal and Neuronal Interactions
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English

AB A review with refs. **Amylin** and adrenomedullin are related peptides with some homol. to both calcitonin and calcitonin gene-related peptide (CGRP). All these peptides have in common a 6-amino acid ring structure at the N-terminus created by a disulfide bond. In addition, the C-termini are amidated. Both **amylin** and adrenomedullin have recently been found to stimulate the proliferation of osteoblasts in vitro, and to increase indexes of bone formation in vivo when **administered** either locally or systemically. Both **amylin** and adrenomedullin have also been found to act on chondrocytes, stimulating their proliferation in culture and increasing tibial growth plate thickness when **administered** systemically to adult mice. Studies of structure-activity relationships have demonstrated that osteotropic effects of **amylin** and adrenomedullin can be retained in peptide fragments of the mols. The full-length peptide of **amylin** has known effects on fuel metabolism, and systemic **administration** of **amylin** is also associated with increased fat mass. However, the octapeptide fragment of the mol., **amylin**-(1-8), is osteotropic and yet has no activity on fuel metabolism Similar fragments of adrenomedullin have also been defined, which retain activity on bone but lack the parent peptide's vasodilator properties. Both **amylin**-(1-8) and adrenomedullin-(27-52) act as anabolic agents on bone, increasing bone strength when **administered** systemically. Thus, these small peptides, or analogs of it, are potential candidates as anabolic **therapies** for osteoporosis. Both **amylin** and adrenomedullin may have effects on bone metabolism **Amylin** is secreted following eating and may direct calcium and protein absorbed from the meal into new bone synthesis. **Amylin** circulates in high concns. in **obese** individuals, and might contribute to the association between bone mass and fat mass. Recent findings demonstrating the co-expression of adrenomedullin and adrenomedullin and adrenomedullin receptors in osteoblasts, along with the findings that the peptide and its receptor are easily detectable during rodent embryogenesis, suggest that this peptide is a local regulator of bone growth. Thus, the findings reviewed in this paper illustrate that **amylin** and adrenomedullin may be relevant to the normal regulation of bone mass and to the design of agents for the **treatment** of osteoporosis.

REFERENCE COUNT: 57 THERE ARE 57 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 7 OF 16 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 24 Aug 1999
ACCESSION NUMBER: 1999:529033 HCAPLUS
DOCUMENT NUMBER: 131:165322
TITLE: Peptides with novel mixed amylin activities
INVENTOR(S): Beeley, Nigel R. A.; Prickett, Kathryn S.; Beaumont, Kevin
PATENT ASSIGNEE(S): Amylin Pharmaceuticals, Inc., USA

SOURCE: PCT Int. Appl., 85 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.		DATE
WO 9940928	A1	19990819	WO 1999-US2603		19990205
W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM					
RW: GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG					
CA 2320962	AA	19990819	CA 1999-2320962		19990205
EP 1053001	A1	20001122	EP 1999-906782		19990205
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI					
JP 2002522355	T2	20020723	JP 2000-531179		19990205
AU 766653	B2	20031023	AU 1999-26612		19990205
US 6936584	B1	20050830	US 2000-622104		19990205
PRIORITY APPLN. INFO.:			US 1998-74746P	P	19980213
			WO 1999-US2603	W	19990205

OTHER SOURCE(S): MARPAT 131:165322

AB Compds. which inhibit certain activities of **amylin** but which also act as **amylin** agonists with respect to other **amylin** activities are disclosed. Such compds. are useful in **treating** disturbances in fuel metabolism in mammals, including but not limited to, diabetes, mellitus, including Type I diabetes and Type II diabetes, impaired glucose tolerance, insulin resistance and Syndrome X. The present invention also relates to methods of **treating** Type I diabetes, beneficially regulating gastrointestinal motility, **treating** impaired glucose tolerance, **treating** postprandial hyperglycemia, **treating obesity** and **treating** Syndrome X, comprising **administration** of a **therapeutically** effective amount of certain compds., as described herein.

REFERENCE COUNT: 4 THERE ARE 4 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 8 OF 16 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 06 May 1999
ACCESSION NUMBER: 1999:281219 HCAPLUS
DOCUMENT NUMBER: 130:320687
TITLE: Effect of oral antidiabetic agents on plasma amylin level in patients with non-insulin-dependent diabetes mellitus (type 2)
AUTHOR(S): Zapecka-Dubno, Bozena; Czyzyk, Artur; Dworak, Anna; Bak, Marianna I.
CORPORATE SOURCE: Department Gastroenterology Metabolic Diseases, Medical School, Univ. Warsaw, Warsaw, 02097, Pol.

SOURCE: Arzneimittel-Forschung (1999), 49(4), 330-334
CODEN: ARZNAD; ISSN: 0004-4172
PUBLISHER: Editio Cantor Verlag
DOCUMENT TYPE: Journal
LANGUAGE: English

AB The effect the oral **therapy** of non-insulin-dependent diabetes mellitus (NIDDM) with either a sulfonylurea or biguanide derivative on blood plasma **amylin** level was compared. In 10 healthy individuals the fasting plasma **amylin** level was 1.56 pmol/L and 6 min after i.v. injection of 1 mg glucagon a 4-fold increase was observed In 10 patients with NIDDM receiving glibenclamide (CAS 10238-21-8) the fasting plasma **amylin** level was 2-fold higher than in healthy **control** (2.72 pmol/L) but following glucagon **administration** it increased only 2-fold. In 15 patients **treated** with metformin (CAS 657-24-9) the fasting plasma **amylin** level was similar to that in healthy individuals (1.64 pmol/L), but after glucagon stimulation the increment of plasma **amylin** was minimal and the relevant mean value was lower when compared with those in healthy individuals and with NIDDM patients **treated** with glibenclamide. In 10 untreated **obese** patients with newly diagnosed NIDDM the **administration** of glibenclamide (14 days) resulted in the increase of basal (2.47 and 3.16 pmol/L), and glucagon stimulated (3.34 and 4.56) plasma **amylin** concns., whereas other 10 patients receiving metformin showed a decrease in fasting plasma level of this peptide before (2.64 and 1.28 pmol/L), and after glucagon injection (5.02 and 2.83 pmol/L). With the respect to the trophic effect of amyloid deposits in the pancreatic islets and to a hypothetic effect of **amylin** increasing insulin resistance, the present results emphasize the particular usefulness of metformin in the pharmacol. **treatment** of NIDDM. All contraindications and side effects of metformin should be taken into account before drug **administration**.

REFERENCE COUNT: 20 THERE ARE 20 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 9 OF 16 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 22 Jan 1999
ACCESSION NUMBER: 1999:45326 HCAPLUS
DOCUMENT NUMBER: 130:276785
TITLE: Current status and future prospects of parenteral insulin regimens, strategies and delivery systems for diabetes treatment
AUTHOR(S): Jeandidier, Nathalie; Boivin, Sophie
CORPORATE SOURCE: Hopitaux Universitaires de Strasbourg, Strasbourg, 67091, Fr.
SOURCE: Advanced Drug Delivery Reviews (1999), 35(2,3), 179-198
CODEN: ADDREP; ISSN: 0169-409X
PUBLISHER: Elsevier Science Ireland Ltd.
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English

AB A review, with 113 refs. A strong relationship between long term metabolic **control** and low frequency of chronic diabetes complications was shown in the Diabetes **Control** Complication Trial (DCCT). However, the s.c. intensive insulin **therapy** required to achieve the glycemic goals defined by the DCCT led to an unacceptable frequency of severe hypoglycemia and a significant

weight gain. This limits the benefits of this **therapy** and excludes groups of patients such as young children, the elderly or hypoglycemia prone patients. The intensive **therapy** and self blood glucose monitoring (SMBG) necessary to limit hypoglycemia represent a heavy burden for the patients and their family. Improvements in parenteral insulin **therapy** are possible by either modifying s.c. insulin characteristics (analogs, adjunction of peptides such as **amylin**, GLP1, IGF1), or by developing better routes of **administration** and making SMBG easier, which is a key to intensive insulin **therapy** success. The ultimate goal remains the development of an automated, glucose **controlled** device.

REFERENCE COUNT: 94 THERE ARE 94 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 10 OF 16 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 23 Dec 1998
ACCESSION NUMBER: 1998:804202 HCAPLUS
DOCUMENT NUMBER: 130:33501
TITLE: Methods for treating obesity
INVENTOR(S): Duft, Bradford J.; Kolterman, Orville
PATENT ASSIGNEE(S): Amylin Pharmaceuticals, Inc., USA
SOURCE: PCT Int. Appl., 58 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.		DATE
WO 9855144	A1	19981210	WO 1998-US11753		19980605
W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, GH, GM, GW, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM					
RW: GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG					
US 2003026812	A1	20030206	US 1997-870762		19970606
AU 9878230	A1	19981221	AU 1998-78230		19980605
NZ 501451	A	20011026	NZ 1998-501451		19980605
RU 2207871	C2	20030710	RU 2000-100346		19980605
CZ 294983	B6	20050413	CZ 1999-4360		19980605
BR 9809951	A	20000801	BR 1998-9951		19980606
NO 9905996	A	20000207	NO 1999-5996		19991206
US 2004022807	A1	20040205	US 1999-445517		19991206
PRIORITY APPLN. INFO.:			US 1997-870762	A	19970606
			WO 1998-US11753	W	19980605

AB Methods for **treating obesity** are disclosed which comprise **administration** of a **therapeutically** effective amount of an **amylin** or an **amylin** agonist, e.g., **pramlintide**, alone or in conjunction with another **obesity** relief agent. Addnl., methods for reducing

insulin-induced **weight gain** are disclosed which comprise **administration** of a **therapeutically** effective amount of an **amylin** or an **amylin** agonist.
REFERENCE COUNT: 30 THERE ARE 30 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 11 OF 16 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 17 Sep 1997
ACCESSION NUMBER: 1997:593653 HCAPLUS
DOCUMENT NUMBER: 127:185237
TITLE: Drug treatment of non-insulin-dependent diabetes mellitus in the 1990s. Achievements and future developments
AUTHOR(S): Scheen, Andre J.
CORPORATE SOURCE: Division of Diabetes, Nutrition and Metabolic Disorders, Department of Medicine, CHU Sart Tilman, Liege, Belg.
SOURCE: Drugs (1997), 54(3), 355-368
CODEN: DRUGAY; ISSN: 0012-6667
PUBLISHER: Adis
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English
AB A review with 144 refs. Non-insulin-dependent diabetes mellitus (NIDDM, type 2 diabetes) is a heterogeneous disease resulting from an interaction between defects in insulin secretion and insulin action. There are various pharmacol. approaches to improving glucose homeostasis, but those currently used in clin. practice either do not succeed in restoring normoglycemia in most patients or fail after a variable period of time. For glycemic regulation, 4 classes of drugs are currently available: sulfonylureas, biguanides (metformin), α-glucosidase inhibitors (acarbose) and insulin, each of which has a different mode and site of action. These standard pharmacol. **treatments** may be used individually for certain types of patients, or may be combined in a stepwise fashion to provide better glycemic **control** for most patients. Adjunct **treatments** comprise a few pharmacol. approaches which may help to improve glycemic **control** by correcting some abnormalities frequently associated with NIDDM, such as **obesity** (serotoninergic anorectic agents) and hyperlipidemia (benfluorex). There is intensive pharmaceutical research to find new drugs able to stimulate insulin secretion (new sulfonylurea or nonsulfonylurea derivs., glucagon-like peptide-1), improve insulin action (thiazolidinediones, lipid-interfering agents, glucagon antagonists, vanadium compds.) or reduce carbohydrate absorption (miglitol, **amylin** analogs, glucagon-like peptide-1). Further studies should demonstrate the superiority of these new compds. over the standard antidiabetic agents as well as their optimal mode of **administration**, alone or in combination with currently available drugs.

L9 ANSWER 12 OF 16 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 29 Jan 1997
ACCESSION NUMBER: 1997:62561 HCAPLUS
DOCUMENT NUMBER: 126:140071
TITLE: Chronic infusion of islet amyloid polypeptide causes anorexia in rats
AUTHOR(S): Arnelo, Urban; Permert, Johan; Adrian, Thomas E.; Larsson, Joergen; Westermark, Per; Reidelberger,

Roger D.
CORPORATE SOURCE: Dep. Biomed. Sci., Creighton Univ. Sch. Med., Omaha, NE, 68178, USA
SOURCE: American Journal of Physiology (1996), 271(6, Pt. 2), R1654-R1659
CODEN: AJPHAP; ISSN: 0002-9513
PUBLISHER: American Physiological Society
DOCUMENT TYPE: Journal
LANGUAGE: English
AB **Islet amyloid** polypeptide (**IAPP**) is a hormonal peptide that at high doses has been shown to reduce food intake. In the present study, the dose-response effects of s.c. infusion of **IAPP** (0, 2, 7, and 25 pmol·kg-1·min-1) for 8 days on food intake and meal patterns in rats were investigated. At the end of the experiment, plasma was obtained and levels of **IAPP** were measured by RIA. **IAPP** dose-dependently and transiently inhibited food intake. The minimal ED (2 pmol·kg-1·min-1) caused a small but significant (up to 14%) inhibition of food intake that lasted 5 days. The highest dose **administered** (25 pmol·kg-1·min-1) had the greatest effect (up to 44%), which lasted throughout the 8-day period. Redns. in feeding during light and dark phases occurred through a decrease in number of meals consumed rather than meal size or meal duration. **IAPP** also decreased body **weight gain** and water intake dose dependently. **IAPP** infusion of 2, 7, and 25 pmol·kg-1·min-1 increased plasma **IAPP** concns. from a basal level of 10.3 pM to 35.1, 78.1, and 236.6 pM, resp., values that are likely to be close to physiol. and within the pathophysiol. ranges. Thus **IAPP** may play an important physiol. or pathophysiol. role in **control** of food intake.
REFERENCE COUNT: 34 THERE ARE 34 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L9 ANSWER 13 OF 16 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 26 Aug 1995
ACCESSION NUMBER: 1995:760881 HCAPLUS
DOCUMENT NUMBER: 123:253428
TITLE: Amyloid formation in response to β cell stress occurs in vitro, but not in vivo, in islets of transgenic mice expressing human islet amyloid polypeptide
AUTHOR(S): Westermark, Gunilla; Arora, Michelle Benig; Fox, Niles; Carroll, Raymond; Chan, Shu Jin; Westermark, Per; Steiner, Donald F.
CORPORATE SOURCE: Dep. of Pathology, Linkoeping Univ., Linkoeping, Swed.
SOURCE: Molecular Medicine (Cambridge, Massachusetts) (1995), 1(5), 542-53
CODEN: MOMEF3; ISSN: 1076-1551
PUBLISHER: Blackwell
DOCUMENT TYPE: Journal
LANGUAGE: English
AB Human, but not mouse, **islet amyloid** polypeptide (**IAPP**) is amyloidogenic. Transgenic mice overexpressing human **IAPP** in the β cells of the islets of Langerhans should be useful in identifying factors important for the deposition of **IAPP** as insol. amyloid fibrils. Transgenic mice expressing

human **IAPP** were examined using several exptl. models for the production of persistent hyperglycemia, as well as for the overstimulation and/or inhibition of β cell secretion. **Obesity** was induced by aurothioglucose. Persistent hyperglycemia was produced by long-term **administration** of glucocorticosteroids or by partial pancreatectomy. Inhibition of normal β cell exocytosis by diazoxide **administration**, with or without concurrent dexamethasone injections, was carried out to increase crinophagy of secretory granules. The human **IAPP** gene was also introduced into the db and ob mouse models for diabetes. Finally, isolated islets cultivated in vitro at high glucose concentration were also examined No amyloid deposits were found in the pancreata of any of the animals, either by light microscopy after Congo red straining or by electron microscopy after immunogold labeling with antibodies specific for human **IAPP**. Aurothioglucose **treatment** resulted in increased nos. of granules in the β cell and the appearance of large lysosomal bodies without amyloid. However, islets from db and ob mice expressing human **IAPP** cultivated in vitro in the presence of glucocorticosteroid and/or growth hormone, were found to contain extracellular amyloid deposits reacting with antibodies to human **IAPP**. Oversecretion of human **IAPP** or increased crinophagy are not sufficient for amyloid formation. This indicates that other factors must influence amyloid deposition; one such factor may be the local clearance of **IAPP**.

L9 ANSWER 14 OF 16 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 27 Nov 1993
ACCESSION NUMBER: 1993:623423 HCAPLUS
DOCUMENT NUMBER: 119:223423
TITLE: Islet amyloid polypeptide (IAPP) levels and secretory disorder in obese rats and diabetic animals
AUTHOR(S): Tokuyama, Yoshiharu; Kanatsuka, Azuma; Ohsawa, Haruhiko; Yamaguchi, Takahide; Saito, Takeo; Takada, Kazushi; Makino, Hideichi; Yoshida, Sho; Inoue, Shuji; Nishimura, Masahiko
CORPORATE SOURCE: Sch. Med., Chiba Univ., Chiba, 260, Japan
SOURCE: Tonyobyo Dobutsu (1991), 5, 76-9
CODEN: TODOEU
DOCUMENT TYPE: Journal
LANGUAGE: Japanese
AB Secretory disorders of **islet amyloid** polypeptide (**IAPP**) were examined in hypothalamic **obese** rats (VMH destruction rats), genetically **obese** rats (Zucker rats), and exptl. diabetic mice with **obesity** (ob/ob mice). The insulin level and **IAPP** level in pancreatic islets of VMH destruction rats showed high values and the insulin release and **IAPP** release in these rats induced by glucose **administration** were significantly stimulated in comparison with **control** rats. The insulin level and **IAPP** level in pancreatic islets of zucker rats showed high values, and insulin and **IAPP** release in these rats induced by glucose **administration** were significantly stimulated in comparison with **control** rats. The insulin level and **IAPP** level in pancreatic islets of ob/ob mice showed high values. Interaction between human type II diabetes mellitus and pancreatic amyloid fibrils was discussed.

L9 ANSWER 15 OF 16 HCAPLUS COPYRIGHT 2005 ACS on STN

ED Entered STN: 18 Oct 1991
ACCESSION NUMBER: 1991:551904 HCAPLUS
DOCUMENT NUMBER: 115:151904
TITLE: Amylin antagonists for treatment of obesity and essential hypertension and related disorders
INVENTOR(S): Cooper, Garth J. S.; Leighton, Brendan
PATENT ASSIGNEE(S): Amylin Corp., USA
SOURCE: Eur. Pat. Appl., 12 pp.
CODEN: EPXXDW
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
EP 408294	A2	19910116	EP 1990-307502	19900710
EP 408294	A3	19911218		
EP 408294	B1	19950920		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE				
CA 2020786	AA	19910111	CA 1990-2020786	19900710
WO 9100737	A1	19910124	WO 1990-US3795	19900710
W: AU, FI, JP, NO				
AU 9059537	A1	19910206	AU 1990-59537	19900710
AU 620727	B2	19920220		
JP 04500688	T2	19920206	JP 1990-509673	19900710
AT 128032	E	19951015	AT 1990-307502	19900710
ES 2080802	T3	19960216	ES 1990-307502	19900710
NO 9100901	A	19910425	NO 1991-901	19910307
US 5280014	A	19940118	US 1991-737794	19910718
US 5364841	A	19941115	US 1993-81033	19930621
PRIORITY APPLN. INFO.:			US 1989-377652 A	19890710
			US 1988-142447 B2	19880111
			US 1988-275475 B2	19881123
			US 1990-549189 B1	19900706
			WO 1990-US3795 A	19900710
			US 1991-737794 A1	19910718

AB Antagonists and blockers of **amylin** are **administered** for **treatment** of **obesity**, essential hypertension, and associated lipid disorders. **Amylin** reduced the rate of glucose uptake into red skeletal muscle in vitro and in vivo, mainly by decreasing the rate of incorporation of glucose into glycogen, an effect seen in the skeletal muscle of type 2 diabetics. The peptide h-CGRP8-37 (human calcitonin gene-related peptide residues 8-37) partly reversed the inhibitory effect of **amylin** on insulin-stimulated muscle glycogen synthesis and thus acted as an **amylin** antagonist.

L9 ANSWER 16 OF 16 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 12 May 1984
ACCESSION NUMBER: 1973:92627 HCAPLUS
CUMENT NUMBER: 78:92627
TLE: Subacute toxicity of doxepin hydrochloride in rats

AUTHOR(S): Noguchi, Yasuhiro; Sakai, Takeo; Arakawa, Masami; Nabata, Hiroshi; Miyakawa, Masazumi
CORPORATE SOURCE: Pharmacol. Lab., Pfizer Taito Co., Ltd., Taketoyo, Japan
SOURCE: Oyo Yakuri (1972), 6(5), 899-928
CODEN: OYYAA2; ISSN: 0300-8533
DOCUMENT TYPE: Journal
LANGUAGE: Japanese
AB Virtually all male rats died after oral **administration** of doxepin-HCl (I-HCl) [1229-29-4] (200 mg/kg/day) for 33 days, while only 10 out of 12 females died at the same dosage. A decrease in body **weight gain** was observed after **treatment** with doses >100 mg/kg/day, and this effect was more pronounced in males than in females. No adverse effect was observed on food consumption, urine anal., and hematol. after low doses. I was less toxic than amitriptyline-HCl [**549-18-8**] when **administered** to rats.

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FILE 'FEDRIP' ENTERED AT 12:42:21 ON 18 NOV 2005

L10 85 S L9
L11 39 S L10 AND HUMAN?
L12 24 DUP REM L11 (15 DUPLICATES REMOVED)

Searcher : Shears 571-272-2528

L12 ANSWER 1 OF 24 WPIDS COPYRIGHT 2005 THE THOMSON CORP on STN
ACCESSION NUMBER: 2005-664458 [68] WPIDS
DOC. NO. CPI: C2005-201399
TITLE: New fused heterocyclic derivatives (I) are sodium-glucose-transporter-1 activation inhibitors, useful for treating disease resulting from hyperglycemia such as diabetes or its complication, obesity and high insulinemia.
DERWENT CLASS: B02 B03
INVENTOR(S): FUJIKURA, H; FUSHIMI, N; ISAJI, M
PATENT ASSIGNEE(S): (KISP) KISSEI PHARM CO LTD
COUNTRY COUNT: 109
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 2005085265	A1	20050915	(200568)*	JA	106

RW: AT BE BG BW CH CY CZ DE DK EA EE ES FI FR GB GH GM GR HU IE IS IT KE LS LT LU MC MW MZ NA NL OA PL PT RO SD SE SI SK SL SZ TR TZ UG ZM ZW
W: AE AG AL AM AT AU AZ BA BB BG BR BW BY BZ CA CH CN CO CR CU CZ DE DK DM DZ EC EE EG ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NA NI NO NZ OM PG PH PL PT RO RU SC SD SE SG SK SL SM SY TJ TM TN TR TT TZ UA UG US UZ VC VN YU ZA ZM ZW

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 2005085265	A1	WO 2005-JP4152	20050303

PRIORITY APPLN. INFO: JP 2004-61429 20040304
AN 2005-664458 [68] WPIDS
AB WO2005085265 A UPAB: 20051024
NOVELTY - A fused heterocyclic derivative (I) is new.
DETAILED DESCRIPTION - A fused heterocyclic derivative of formula (I) is new.
R1-R4 = compound of formula (S);
R5,R6 = H, OH, halo, 1-6C alkyl, 2-6C alkenyl, 2-6C alkynyl, 1-6C alkoxy, 2-6C alkenyloxy, 1-6C alkylthio, 2-6C alkenylthio, 1-6C haloalkyl, 1-6C haloalkoxy, 1-6C haloalkythio, hydroxy (1-6C alkyl), hydroxy (2-6C alkenyl) hydroxy (1-6C alkoxy), hydroxy (1-6C alkylthio), carboxy, carboxy (1-6C alkyl), carboxy (2-6C alkenyl), carboxy (1-6C alkoxy), carboxy (1-6C alkylthio), 2-7C alkoxycarbonyl, 2-7C alkoxycarbonyl (1-6C alkyl), 2-7C alkoxy carbonyl (2-6C alkenyl) and further defined moieties;
ring A = 6-10C aryl or heteroaryl optionally substituted with H, OH, amino, halo, 1-6C alkyl, 1-6C alkoxy, cyano, carboxy, 2-7C alkoxycarbonyl, carbamoyl, mono or di 1-6C alkylamino and further defined moieties;
R2,R3 = H, OH, amino, halo, 1-6C alkyl, 1-6C alkoxy, cyano, carboxy, hydroxy (1-6C alkyl), cyano (1-6C alkyl), carboxy (1-6C alkyl), 2-7C alkoxycarbonyl (1-6C alkyl), carbamoyl (1-6C alkyl), amino (1-6C alkyl), mono- or di-(1-6C alkyl) amino (1-6C alkyl), halo (1-6 alkoxy) and further defined moieties;
A1 = O, S, or substituted N;

A2 = CH or N;
G = group of compounds of formulae (G-1) or (G-2);
E1 = H, F or OH;and
E2 = H, F, CH3, HOCH3.

Full definitions are given in the definition section. INDEPENDENT CLAIMS are also included for the following: (i) a pharmaceutical composition that contains fused heterocyclic derivative (I) or its salt as an active ingredient; (ii) **human** sodium glucose transporter (SGLT) activation inhibitor which comprises the fused heterocyclic derivative (I) or its salt or prodrug as an active ingredient; (iii) a method of suppressing hyperglycemia after a meal by **administering** the fused hetero cyclic derivative (I) or its salt or prodrug; (iv) a method for **treating** and **preventing** diseases resulting from hyperglycemia which involves **administering** compound (I) or its salt; and (v) use of fused heterocyclic derivative (I), its salt or prodrug, and medical agents selected from insulin sensitizer, sugar absorption inhibitor, biguanide, insulin secretagogue, SGLT2 active inhibitor, insulin or its analog, glucagon receptor antagonist, insulin receptor kinase stimulant, tripeptidyl peptidase II inhibitor, dipeptidyl peptidase IV inhibitor, protein tyrosine phosphatase-1B inhibitor, glycogen phosphorylase inhibitor, glucose-6-phosphatase inhibitor, fructose-bis phosphatase inhibitor, pyruvate-dehydrogenase inhibitor, hepatic glucose synthesis inhibitor, D-chiroinositol, glycogen-synthase kinase-3 inhibitor, glucagon type peptide-1 or its analog, glucagon type peptide-1 agonist, **amylin** or its analog, aldose reductase inhibitor, protein-kinase C inhibitor, (gamma)-aminobutyric-acid receptor antagonist, sodium channel antagonist, transcription-factor NF-kappa B inhibitor, lipid peroxidase inhibitor and platelet-derived growth factor or its analog for the manufacture of composition for **treating** hyperglycemia.

ACTIVITY - Antidiabetic; Anorectic; Antilipemic; Antiarteriosclerotic; Hypotensive; Cardiant; Antiinflammatory; Antigout.

MECHANISM OF ACTION - Sodium-Glucose-Transporter-Inhibitor-1; Sodium-Glucose-Transporter-Inhibitor-2 (claimed); Insulin-Antagonist; Cholesterol-Antagonist; Triglyceride-Antagonist. The SGLT-1 inhibitory effect of 1-(3-(2-phenylethyl) benzo (b) thiophene-5-yl)-1-deoxy-(beta)-D-glucopyranose (Ia) was evaluated using cloned **human** SGLT-1 by measuring the methyl-(alpha)-D-glucopyranoside uptake inhibition activity. The compound (Ia) was found to have an IC50 value of 2.0 nM.

USE - For **treating** disease resulting from hyperglycemia such as diabetes, glucose tolerance abnormality, diabetic complication, **obesity**, high insulinemia, hyperlipidemia, hypercholesterolemia, hypertriglyceridemia, lipid metabolism disorder, atherosclerosis, hypertension, congestive cardiac failure, edema, hyperuricemia and gout (claimed).

ADVANTAGE - The novel fused heterocyclic compounds have excellent **human** SGLT action inhibitory effect and suppress reabsorption of carbohydrate in the kidney and absorption of carbohydrate in the small intestine. The compounds effectively suppressed the blood glucose level that is raised immediately after a meal.

Dwg.0/0

L12 ANSWER 2 OF 24 WPIDS COPYRIGHT 2005 THE THOMSON CORP on STN
ACCESSION NUMBER: 2005-664451 [68] WPIDS
DOC. NO. CPI: C2005-201392
TITLE: New fused heterocyclic derivatives are

sodium-glucose-transporter-1 activation inhibitors, useful for treating disease resulting from hyperglycemia such as diabetes or its complication, obesity and high insulinemia.

DERWENT CLASS: B02
INVENTOR(S): FUJIKURA, H; FUSHIMI, N; ISAJI, M
PATENT ASSIGNEE(S): (KISP) KISSEI PHARM CO LTD
COUNTRY COUNT: 109
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 2005085237	A1	20050915	(200568)*	JA	107

RW: AT BE BG BW CH CY CZ DE DK EA EE ES FI FR GB GH GM GR HU IE IS IT KE LS LT LU MC MW MZ NA NL OA PL PT RO SD SE SI SK SL SZ TR TZ UG ZM ZW

W: AE AG AL AM AT AU AZ BA BB BG BR BW BY BZ CA CH CN CO CR CU CZ DE DK DM DZ EC EE EG ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NA NI NO NZ OM PG PH PL PT RO RU SC SD SE SG SK SL SM SY TJ TM TN TR TT TZ UA UG US UZ VC VN YU ZA ZM ZW

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 2005085237	A1	WO 2005-JP4158	20050303

PRIORITY APPLN. INFO: JP 2004-61428 20040304
AN 2005-664451 [68] WPIDS
AB WO2005085237 A UPAB: 20051024
NOVELTY - A fused heterocyclic derivative (I) is new.

DETAILED DESCRIPTION - A fused heterocyclic derivative of formula (I) is new.

R1-R4 = hydrogen, hydroxyl, amino, halogen, 1-6C alkyl, 1-6C alkoxy, cyano, carboxy, 2-7C alkoxycarbonyl, carbamoyl, (1-6C alkyl) substituted mono- or di- amino, halo, hydroxy, cyano, carboxy, 2-7C alkoxycarbonyl, carbamoyl, amino and mono- or di-amino (1-6C alkyl), (1-6C alkoxy) substituted halo hydroxy, carboxy, 2-7C alkoxycarbonyl and carbamoyl or further defined moieties;

R5,R6 = H, OH, halo, 1-6C alkyl, 2-6C alkenyl, 2-6C alkynyl, 1-6C alkoxy, 2-6C alkenyloxy, 1-6C alkylthio, 2-6C alkenyl thio, halo (1-6C alkyl), halo (1-6C alkoxy), halo (1-6C alkylthio), hydroxy (1-6C alkyl), hydroxy (2-6C alkenyl) hydroxy (1-6C alkoxy), hydroxy (1-6C alkylthio), carboxy, carboxy (1-6C alkyl), carboxy (2-6C alkenyl), carboxy (1-6C alkoxy), carboxy (1-6C alkylthio), 2-7C alkoxycarbonyl and further defined moieties;

ring A = 6-10C aryl or heteroaryl;

a partial structure of formula (i) = group of compounds of formulae (ii-vi); and

G = compounds of formulae G-1 or G-2.

Full definitions are given in the definition section.

INDEPENDENT CLAIMS are also included for the following:

(i) a pharmaceutical composition that contains fused heterocyclic derivative (I) or its salt as an active ingredient;

(ii) **human** sodium glucose transporter (SGLT) activation inhibitor which comprises the fused hetero cyclic derivative (I) or its salt or prodrugs as an active ingredient;

(iii) a method of suppressing hyperglycemia after a meal by **administering** the fused hetero cyclic derivative (I) or its salt or prodrugs;

(iv) a method for **treating** and **preventing** diseases resulting from hyperglycemia which involves **administering** compound (I) or its salt; and

(v) use of fused heterocyclic derivative (I), its salt or prodrugs, and medical agents selected from insulin sensitizer, sugar absorption inhibitor, biguanide, insulin secretagogue, SGLT2 active inhibitor, insulin or its analog, glucagon receptor antagonist, insulin receptor kinase stimulant, tripeptidyl peptidase II inhibitor, dipeptidyl peptidase IV inhibitor, protein tyrosine phosphatase-1B inhibitor, glycogen phosphorylase inhibitor, glucose-6-phosphatase inhibitor, fructose-bis phosphatase inhibitor, pyruvate-dehydrogenase inhibitor, hepatic glucose synthesis inhibitor, D-chiroinositol, glycogen-synthase kinase-3 inhibitor, glucagon type peptide-1 or its analog, glucagon type peptide-1 agonist, **amylin** or its analog, aldose reductase inhibitor, protein-kinase C inhibitor, (gamma)-aminobutyric-acid receptor antagonist, sodium channel antagonist, transcription-factor NF-kappa B inhibitor, lipid peroxidase inhibitor and platelet-derived growth factor or its analog for the manufacture of composition for **treating** hyperglycemia.

ACTIVITY - Antidiabetic; Anorectic; Antilipemic; Antiarteriosclerotic; Hypotensive; Cardiant; Antiinflammatory; Antigout.

MECHANISM OF ACTION - Sodium-Glucose-Transporter-Inhibitor-1; Sodium-Glucose-Transporter-Inhibitor-2 (claimed); Insulin-Antagonist; Cholesterol-Antagonist; Triglyceride-Antagonist.

The SGLT-1 inhibitory effect of 1-(3-(2-phenylethyl) benzo (b) thiophene-5-yl)-1-deoxy-(beta)-D-glucopyranose (Ia) was evaluated using cloned **human** SGLT-1 by measuring the methyl-(alpha)-D-glucopyranoside uptake inhibition activity. The compound (Ia) was found to have an IC50 value of 1.5 mu M.

USE - For **treating** disease resulting from hyperglycemia such as diabetes, glucose tolerance abnormality, diabetic complication, **obesity**, high insulinemia, hyperlipidemia, hypercholesterolemia, hypertriglyceridemia, lipid metabolism disorder, atherosclerosis, hypertension, congestive cardiac failure, edema, hyperuricemia and gout (claimed).

ADVANTAGE - The novel fused heterocyclic compounds have excellent **human** SGLT action inhibitory effect and suppress reabsorption of carbohydrate in the kidney and absorption of carbohydrate in the small intestine. The compounds effectively suppressed the blood glucose level that is raised immediately after a meal.

Dwg.0/0

L12 ANSWER 3 OF 24 WPIDS COPYRIGHT 2005 THE THOMSON CORP on STN

ACCESSION NUMBER:	2005-597668 [61] WPIDS
DOC. NO. CPI:	C2005-179891
TITLE:	Reducing body fat or body fat gain while maintaining or increasing lean body mass, useful for **treating obesity**, comprises **administering** an **amylin** or **amylin** agonist.
DERWENT CLASS:	B04 C03
INVENTOR(S):	MACK, C M; ROTH, J D
PATENT ASSIGNEE(S):	(MACK-I) MACK C M; (ROTH-I) ROTH J D
COUNTRY COUNT:	1

PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
US 2005197287	A1	20050908	(200561)*		41

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
US 2005197287	A1 Provisional	US 2004-550447P	20040304
		US 2004-851574	20040520

PRIORITY APPLN. INFO: US 2004-550447P 20040304; US 2004-851574 20040520

AN 2005-597668 [61] WPIDS

AB US2005197287 A UPAB: 20050923

NOVELTY - Reducing body fat or body fat gain in a subject, while maintaining or increasing lean body mass, comprises **administering** to the subject an **amylin** or an **amylin** agonist.

ACTIVITY - Anorectic.

Lean, male Harlan SPRAGUE DAWLEY (HSD) (Harlan 7012) rats were maintained on standard chow (5% calories from fat). DIO male rats were maintained on Research Diets 12266B chow (17% protein, 51% carbohydrate, 32% fat) for 6 weeks prior to the experiment, resulting in a **weight gain** of 150 to 200 g/animal. Rats were implanted subcutaneously with 28-day osmotic pumps containing either **amylin** (300 mg/kg/day) or vehicle (50% DMSO; **control** and pair-fed groups). Chronic infusion of **amylin** significantly changed body composition relative to pair fed and/or vehicle animals. **Amylin-treated** lean rats and pair-fed lean rats showed a significant reduction in **weight gain** compared to vehicle rats. **Amylin-treated** lean rats also had a lower percent body fat relative to pair-fed while the percent protein remained relatively constant, suggesting **amylin** may have a metabolic mechanism of action as well as the ability to reduce food intake.

MECHANISM OF ACTION - **Amylin** agonist.

USE - The method is useful for reducing body fat or body fat gain in a subject while maintaining or increasing lean body mass. The subject is a mammal. The mammal is a **human**, preferably an **overweight** or **obese human**. The mammal may also be a chicken, pig, cow, steer, horse, sheep, or goat. (All claimed). In addition to its use in **treating obesity** a disclosed use of the method is for reducing the fat content of animals for consumption.

Dwg.0/14

L12 ANSWER 4 OF 24 PHIN COPYRIGHT 2005 T&F Informa UK Ltd on STN

ACCESSION NUMBER: 2004:13221 PHIN
DOCUMENT NUMBER: S00851972
DATA ENTRY DATE: 23 Jul 2004
TITLE: Scientists criticise research on PYY3-36 in obesity
SOURCE: Scrip (2004) No. 2972 p25
DOCUMENT TYPE: Newsletter
FILE SEGMENT: FULL

L12 ANSWER 5 OF 24 WPIDS COPYRIGHT 2005 THE THOMSON CORP on STN
ACCESSION NUMBER: 2004-330179 [30] WPIDS
DOC. NO. CPI: C2004-125102
TITLE: Novel effectors of secondary binding site of dipeptidyl peptidase (DP) IV and/or DP- IV-like enzymes, useful for treating metabolic diseases e.g., Syndrome X, impaired glucose tolerance, lipid disorders, autoimmune diseases, diabetes.
DERWENT CLASS: B04 D16
INVENTOR(S): BAER, J; BRANDT, W; DEMUTH, H; HEISER, U; HOFFMANN, T; KUEHN-WACHE, K; BAR, J; KUHN-WACHE, K
PATENT ASSIGNEE(S): (PROB-N) PROBIODRUG AG; (PROS-N) PROSIDION LTD; (BAER-I) BAER J; (BRAN-I) BRANDT W; (DEMU-I) DEMUTH H; (HOFF-I) HOFFMANN T; (KUEH-I) KUEHN-WACHE K; (BARJ-I) BAR J; (HEIS-I) HEISER U; (KUHN-I) KUHN-WACHE K
COUNTRY COUNT: 107
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 2004031374	A2	20040415	(200430)*	EN	152
RW: AT BE BG CH CY CZ DE DK EA EE ES FI FR GB GH GM GR HU IE IT KE LS LU MC MW MZ NL OA PT RO SD SE SI SK SL SZ TR TZ UG ZM ZW					
W: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU CZ DE DK DM DZ EC EE EG ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NI NO NZ OM PG PH PL PT RO RU SC SD SE SG SK SL SY TJ TM TN TR TT TZ UA UG US UZ VC VN YU ZA ZM ZW					
US 2004058876	A1	20040325	(200430)		51
AU 2003293311	A1	20040423	(200465)		
EP 1543023	A2	20050622	(200541)	EN	
R: AL AT BE BG CH CY CZ DE DK EE ES FI FR GB GR HU IE IT LI LT LU LV MC MK NL PT RO SE SI SK TR					
US 2005176622	A1	20050811	(200553)		

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 2004031374	A2	WO 2003-EP10408	20030918
US 2004058876	A1	US 2002-246817	20020918
AU 2003293311	A1	AU 2003-293311	20030918
EP 1543023	A2	EP 2003-788909	20030918
		WO 2003-EP10408	20030918
US 2005176622	A1 Provisional	US 2003-443417P	20030129
		US 2003-667200	20030918

FILING DETAILS:

PATENT NO	KIND	PATENT NO
AU 2003293311	A1 Based on	WO 2004031374
EP 1543023	A2 Based on	WO 2004031374

PRIORITY APPLN. INFO: US 2003-443417P 20030129; US 2002-246817 20020918; US 2003-667200 20030918

Searcher : Shears 571-272-2528

AN 2004-330179 [30] WPIDS
AB WO2004031374 A UPAB: 20040511
NOVELTY - An effector (I) of a secondary binding site of dipeptidyl peptidase (DP) IV and/or DP- IV-like enzymes, is new.

DETAILED DESCRIPTION - An effector (I) of a secondary binding site of dipeptidyl peptidase (DP) IV and/or DP- IV-like enzymes of the formula Thr-Phe-Thr-Asp-Asp-Tyr or H-Ser-D-Glu-Thr-Gly-D-Val-D-Lys-D-Val-OH or compounds chosen from formula (a)-(d).

INDEPENDENT CLAIMS are also included for the following:

(1) use of (I) for producing a medicament for selective treatment of conditions related to DP IV enzyme activity in a mammal or modulating selectivity and/or activity of DP IV or DP IV-like enzymes in a mammal or production of a medicament for prevention of the interaction of DP IV or DP IV-like enzymes with their binding proteins in a mammal;

(2) a pharmaceutical composition (II), comprising (I) or an antidiabetic agent or a DP IV-inhibitor, and a carrier; and

(3) detecting the presence of secondary binding site(s) of DP IV and/or DP-IV-like enzymes, comprising:

(a) providing two or more different substrates, each having an amino acid sequence, which binds to DP IV and/or DP-IV-like enzymes and aligning the amino acid sequences of the substrates;

(b) identifying at least one consensus sequence amongst the substrate amino acid sequences, synthesizing peptide having the consensus sequence;

(c) contacting the synthesized peptide with DP IV and/or DP-IV-like enzymes, adding a substrate of DP IV and/or DP-IV-like enzymes to the DP IV and/or DP-IV-like enzymes;

(d) monitoring the biodegradation of the substrate; and/or

(e) measuring the residual DP IV and/or DP-IV-like enzymes activity and correlating changes in the biodegradation and/or enzyme activity with the presence of a secondary binding site capable of modulating the substrate specificity of DP IV and/or DP-IV-like enzymes.

ACTIVITY - Antidiabetic; Immunosuppressive; Nephrotropic; Neuroprotective; Antilipemic; Hypotensive; Vasotropic; Cardiovascular; Antiinflammatory; Dermatological; Analgesic; Antianginal; Antidepressant; Cytostatic; Tranquilizer; Antiarteriosclerotic; Muscular; Immunomodulator; Anticonvulsant; Gastrointestinal; Neuroprotective; Immunostimulant; Anorectic; Osteopathic; Gynecological; Ophthalmological; Neuroleptic; Hypnotic; Antiulcer.

MECHANISM OF ACTION - Modulator of DP or DP-like enzyme activity. No biological data is given.

USE - (I) is useful for producing a medicament for selective treatment of conditions related to DP IV enzyme activity in a mammal or modulating selectivity and/or activity of DP IV or DP IV-like enzymes in a mammal or production of a medicament for prevention of the interaction of DP IV or DP IV-like enzymes with their binding proteins in a mammal. (I) is useful for treating metabolic diseases, preferably Syndrome X, impaired glucose tolerance, glucosuria, lipid disorders, dyslipidemia, hyperlipidemia, hypertriglyceridemia, hypercholesterolemia, low high density lipoprotein (HDL) levels, high low density lipoprotein (LDL) levels, metabolic acidosis, hyperglycemia, diabetes mellitus, diabetic neuropathy and nephropathy and of sequelae caused by diabetes mellitus in mammals, metabolism-related hypertension and cardiovascular sequelae caused by hypertension in mammals. (I) is also useful for prophylaxis and/or treatment of skin diseases, diseases of the mucosae, autoimmune diseases, inflammatory conditions, psychosomatic, neuropsychiatric and

depressive illnesses, such as anxiety, depression, sleep disorders, chronic fatigue, schizophrenia, epilepsy, nutritional disorders, spasm, and chronic pain, atherosclerosis and its sequelae, vascular restenosis, irritable bowel syndrome, inflammatory bowel disease, including Crohn's disease and ulcerative colitis, other inflammatory conditions, pancreatitis, abdominal obesity, neurodegenerative disease, retinopathy, nephropathy, ovarian hyperandrogenism (polycystic ovarian syndrome), growth hormone deficiency, neutropenia, tumor metastasis, benign prostatic hypertrophy, gingivitis, osteoporosis and other conditions. (I) is useful for screening effectors capable of binding to a secondary binding site of DP IV and/or DP-IV-like enzymes, which involves contacting at least one of that effectors with DP IV and/or DP-IV-like enzymes, preferably under conditions which permit binding there between, adding a substrate of DP IV and/or DP-IV-like enzymes, monitoring the biodegradation of the substrate and/or measuring the residual DP IV and/or DP-IV-like enzymes activity, correlating changes in the biodegradation and/or enzyme activity with the binding of the effectors to DP IV and/or DP-IV-like enzymes, and identification of selectivity and/or activity modifying effectors. (All claimed.)

DESCRIPTION OF DRAWING(S) - The drawing shows graph representing prolongation of the half-lives of GIP, glucagon, PACAP-27 and PACAP-38 by the hexapeptide Thr-Phe-Thr-Ser-Asp-Tyr in a DP IV (porcine and recombinant **human**) catalyzed peptide truncation test.

Dwg.16/43

L12 ANSWER 6 OF 24 EMBASE COPYRIGHT (c) 2005 Elsevier B.V. All rights reserved on STN

ACCESSION NUMBER:	2004351578 EMBASE
TITLE:	Insulin therapy in type 2 diabetes.
AUTHOR:	Davis T.; Edelman S.V.
CORPORATE SOURCE:	Dr. S.V. Edelman, Section of Diabetes/Metabolism, Vet. Aff. S. Diego HealthCare System, 3350 Jolla Village Dr. 111G, 92161, San Diego, CA, United States. svedelman@vapop.ucsd.edu
SOURCE:	Medical Clinics of North America, (2004) Vol. 88, No. 4, pp. 865-895. Refs: 80 ISSN: 0025-7125 CODEN: MCNAA
PUBLISHER IDENT.:	S 0025-7125(04)00054-9
COUNTRY:	United States
DOCUMENT TYPE:	Journal; General Review
FILE SEGMENT:	006 Internal Medicine 036 Health Policy, Economics and Management 037 Drug Literature Index 038 Adverse Reactions Titles 039 Pharmacy
LANGUAGE:	English
SUMMARY LANGUAGE:	English
ENTRY DATE:	Entered STN: 20040902 Last Updated on STN: 20040902

AB Type 2 diabetes is a common disorder often accompanied by numerous metabolic abnormalities leading to elevated rates of cardiovascular morbidity and mortality. Improved glycemia will delay or **prevent** the development of microvascular disease and reduce many or all of the acute and subacute complications that worsen the quality of daily life. Exogenous insulin is usually the last line of **treatment** used to normalize glycosylated hemoglobin in patients with type 2 diabetes who have failed other

therapeutic modalities. Not all patients are candidates for aggressive insulin management; therefore, the goals of **therapy** should be tailored to the individual. Candidates for intensive management should be motivated, compliant, educable, and without other medical conditions and physical limitations that would preclude accurate and reliable HGM and insulin **administration**. In selected patients, combination **therapy** with insulin and oral antidiabetic medications can be an effective method for normalizing glycemia without the need for rigorous insulin regimens. The most common clinical situation in which combination **therapy** can be successful occurs in patients who are failing daytime oral agents **therapy** and still show some evidence of responsiveness to the medications. Bedtime intermediate- and long acting-insulin are **administered** and progressively increased until the fasting blood glucose concentration is normalized. Additional benefits of combination **therapy** include ease of **administration**, excellent patient compliance and safety, and lower exogenous insulin requirements with less peripheral hyperinsulinemia and **weight gain**. If combination **therapy** is not successful, a split-mixed regimen of an intermediate- and a fast-acting insulin equally divided between the pre-breakfast and pre-dinner periods can be effective especially in **obese** patients. For patients who do not achieve glucose **control** on combination or split-mixed regimens, an intensive basal bolus multiple-injection regimen is indicated. Continuous subcutaneous insulin infusion pumps can be particularly useful in **treating** patients with type 2 diabetes mellitus who do not respond satisfactorily to more conventional **treatment** strategies. The use of fast-acting insulin analogs should be used in the majority of insulin-requiring diabetics because of its more physiologic pharmacokinesis. Inhaled insulin and the **amylin** analog **pramlintide** also hold promise to intensively **control** glycemia in patients with insulin-requiring type 2 diabetes. The glycemic objectives for patients with type 2 diabetes should be similar to those for patients with type 1 diabetes, namely, to normalize glycemia and glycosylated hemoglobin without causing undue **weight gain** or hypoglycemia or adversely affecting the quality of daily life. This is best achieved in a multidisciplinary setting using complementary **therapeutic** modalities that include a combination of diet, exercise, and pharmacologic **therapy**. Emphasis should be placed on diet and exercise initially, and throughout the course of management as well, since even modest success with these **therapies** will enhance the glycemic response to both oral antidiabetic agents and insulin.

L12 ANSWER 7 OF 24 WPIDS COPYRIGHT 2005 THE THOMSON CORP on STN
ACCESSION NUMBER: 2004-062141 [06] WPIDS
DOC. NO. CPI: C2004-025452
TITLE: New fluorinated cyclic amide compounds are dipeptidyl peptidase-IV inhibitors used for treating e.g. diabetes type 1 and 2, obesity, osteoporosis, ulcer, hypertension, atherosclerosis, cataracts, anxiety, depression and insomnia.
DERWENT CLASS: B03
INVENTOR(S): HULIN, B; PARKER, J C
PATENT ASSIGNEE(S): (PFIZ) PFIZER PROD INC; (HULI-I) HULIN B; (PARK-I) PARKER J C; (PFIZ) PFIZER INC
COUNTRY COUNT: 104
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 2003101958	A2	20031211	(200406)*	EN	36
RW: AT BE BG CH CY CZ DE DK EA EE ES FI FR GB GH GM GR HU IE IT KE LS LU MC MW MZ NL OA PT RO SD SE SI SK SL SZ TR TZ UG ZM ZW					
W: AE AG AL AM AT AU AZ BA BB BG BR BY BZ CA CH CN CO CR CU CZ DE DK DM DZ EC EE ES FI GB GD GE GH GM HR HU ID IL IN IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MA MD MG MK MN MW MX MZ NI NO NZ OM PH PL PT RO RU SC SD SE SG SK SL TJ TM TN TR TT TZ UA UG US UZ VC VN YU ZA ZM ZW					
US 6710040	B1	20040323	(200421)		
US 2004132713	A1	20040708	(200445)		
AU 2003232405	A1	20031219	(200449)		
BR 2003011608	A	20050222	(200517)		
EP 1513808	A2	20050316	(200519)	EN	
R: AL AT BE BG CH CY CZ DE DK EE ES FI FR GB GR HU IE IT LI LT LU LV MC MK NL PT RO SE SI SK TR					
MX 2004011958	A1	20050401	(200571)		
JP 2005533771	W	20051110	(200574)		34

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 2003101958	A2	WO 2003-IB2257	20030523
US 6710040	B1 Provisional	US 2002-386157P	20020604
		US 2003-455734	20030603
US 2004132713	A1 Provisional	US 2002-386157P	20020604
	Cont of	US 2003-455734	20030603
		US 2003-742657	20031219
AU 2003232405	A1	AU 2003-232405	20030523
BR 2003011608	A	BR 2003-11608	20030523
		WO 2003-IB2257	20030523
EP 1513808	A2	EP 2003-756085	20030523
		WO 2003-IB2257	20030523
MX 2004011958	A1	WO 2003-IB2257	20030523
		MX 2004-11958	20041130
JP 2005533771	W	WO 2003-IB2257	20030523
		JP 2004-509652	20030523

FILING DETAILS:

PATENT NO	KIND	PATENT NO
US 2004132713	A1 Cont of	US 6710040
AU 2003232405	A1 Based on	WO 2003101958
BR 2003011608	A Based on	WO 2003101958
EP 1513808	A2 Based on	WO 2003101958
MX 2004011958	A1 Based on	WO 2003101958
JP 2005533771	W Based on	WO 2003101958

PRIORITY APPLN. INFO: US 2002-386157P 20020604; US 2003-455734 20030603; US 2003-742657 20031219

AN 2004-062141 [06] WPIDS

AB WO2003101958 A UPAB: 20040123

NOVELTY - Fluorinated cyclic amide compounds (I), are new.

DETAILED DESCRIPTION - Fluorinated cyclic amides of formula

H2N-CH(R2)-COR1(I), their salts and prodrugs are new.

R1 = 3-fluoroazetidin-1-yl, 3,3-difluoroazetidin-1-yl, 3,4-difluoropyrrolidin-1-yl, 3,3,4-trifluoropyrrolidin-1-yl, 3,3,4,4-tetrafluoropyrrolidin-1-yl, 3-fluoropiperidin-1-yl, 4-fluoropiperidin-1-yl, 3,4-difluoropiperidin-1-yl, 3,5-difluoropiperidin-1-yl, 3,3-difluoropiperidin-1-yl, 4,4-difluoropiperidin-1-yl, 3,4,5-trifluoropiperidin-1-yl, 3,3,4-trifluoropiperidin-1-yl, 3,3,5-trifluoropiperidin-1-yl, 3,4,4-trifluoropiperidin-1-yl, 3,3,4,5-tetrafluoropiperidin-1-yl, 3,4,4,5-tetrafluoropiperidin-1-yl, 3,3,4,4-tetrafluoropiperidin-1-yl, 3,3,5,5-tetrafluoropiperidin-1-yl, 3,3,4,5,5-pentafluoropiperidin-1-yl, 3,3,4,4,5-pentafluoropiperidin-1-yl or 3,3,4,4,5,5-hexafluoropiperidin-1-yl, and

R2 = 1-8C alkyl or 3-8C cycloalkyl.

INDEPENDENT CLAIMS are also included for

(1) a composition which comprises (I) and a second compound comprising insulin or its analog, insulinotropin, biguanide, alpha 2 antagonist or imidazoline, glitazone, aldose reductase inhibitor, glycogen phosphorylase inhibitor, sorbitol dehydrogenase inhibitor; fatty acid oxidation inhibitor; alpha -glucosidase inhibitor, beta -agonist, phosphodiesterase inhibitor, lipid-lowering agent, **antiobesity** agent; vanadate, vanadium complex or peroxovanadium complex, **amylin** antagonist, glucagon antagonist, growth hormone secretagogue, gluconeogenesis inhibitor, somatostatin analog, inhibitor of renal glucose, antilipolytic agent or salts or prodrugs of the second compound, and

(2) identifying an agent as a dipeptidyl peptidase (DPP-IV) inhibitor which comprises **administering** the agent to a fasted, diabetic KK/HlJ mouse, subjecting the mouse to an oral glucose challenge, followed by the assessment of the response in the mouse to the challenge. The agent may be identified as a **treatment** for Type 2 diabetes, metabolic syndrome, hyperglycemia, impaired glucose tolerance, glucosuria, metabolic acidosis, cataracts, diabetic neuropathy, diabetic nephropathy, diabetic retinopathy, diabetic cardiomyopathy, Type 1 diabetes, **obesity**, a condition exacerbated by **obesity**, hypertension, hyperlipidemia, atherosclerosis, osteoporosis, osteopenia, frailty, bone loss, bone fracture, acute coronary syndrome, infertility due to polycystic ovary syndrome, to **prevent** diseases progression in Type 2 diabetes, anxiety, depression, insomnia, chronic fatigue, epilepsy, an eating disorder, chronic pain, alcohol addiction, a disease associated with intestinal motility, ulcer, irritable bowel syndrome, inflammatory bowel syndrome or short bowel syndrome.

ACTIVITY - Antidiabetic; Vasotropic; Ophthalmological; Neuroprotective; Nephrotropic; Cardiovascular-Gen.; Anorectic; Hypotensive; Antilipemic; Antiarteriosclerotic; Osteopathic; Antiinfertility; Gynecological; Muscular-Gen.; Immunomodulator; Anticonvulsant; Gastrointestinal-Gen; Antiulcer; Antiinflammatory; Tranquilizer; Antidepressant; Sedative; Eating-Disorders-Gen.; Analgesic; Antialcoholic; Cardiant.

MECHANISM OF ACTION - Dipeptidyl peptidase-IV inhibitor.

In an in vitro assay for dipetidyl peptidase inhibition measured as described in Assay of dipetidyl peptidase IV in serum by fluorometry of 4-methoxy-2-naphthylamide. (1988) Scharpe, S., Demeester, 1., Vanhoof, G., Hendriks., D., Van Sande, M., Van Camp, K. and Yaron, A,Clin.Chem.34:2299-2301; Dipeptidyl peptidases of **human** lymphocytes (1988) Lodja, Z-Czechoslovak Medicine, 11:181-194, results showed that (I) e.g. (2S,3S)-2-amino-3-methyl-1-(3,3,4,4-tetrafluoropyrrolidin-1-yl)-pentan-1-one exhibited a median

inhibitory concentration (IC50) of upto 3 mu M.

USE - Used for **treating** Type 2 diabetes, metabolic syndrome, hyperglycemia, impaired glucose tolerance, glucosuria, metabolic acidosis, cataracts, diabetic neuropathy, diabetic nephropathy, diabetic retinopathy, diabetic cardiomyopathy, Type 1 diabetes, **obesity**, a condition exacerbated by **obesity**, hypertension, hyperlipidemia, atherosclerosis, osteoporosis, osteopenia, frailty, bone loss, bone fracture, acute coronary syndrome, infertility due to polycystic ovary syndrome, disease progression in Type 2 diabetes, chronic fatigue, epilepsy, disease associated with intestinal motility, ulcer, irritable bowel syndrome, inflammatory bowel syndrome, anxiety, depression, insomnia, an eating disorder, chronic pain and alcohol addiction (all claimed). Dwg.0/0

L12 ANSWER 8 OF 24 MEDLINE on STN DUPLICATE 1
ACCESSION NUMBER: 2003147207 MEDLINE
DOCUMENT NUMBER: PubMed ID: 12662162
TITLE: Inverse relation between amylin and glucagon secretion in healthy and diabetic **human** subjects.
AUTHOR: Ludvik B; Thomaseth K; Nolan J J; Clodi M; Prager R; Pacini G
CORPORATE SOURCE: Department of Medicine 3, University of Vienna Medical School, Austria.. bernhard.ludvik@akh-wien.ac.at
SOURCE: European journal of clinical investigation, (2003 Apr) 33 (4) 316-22.
Journal code: 0245331. ISSN: 0014-2972.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200307
ENTRY DATE: Entered STN: 20030331
Last Updated on STN: 20030722
Entered Medline: 20030721

AB BACKGROUND: The role of **amylin**, which is cosecreted together with insulin by the pancreatic B-cells, in the pathogenesis of type-2 diabetes is still unclear. To elucidate a possible relation between **amylin** and glucagon we directly evaluated the respective prehepatic secretions following **administration** of a 75-g oral glucose load (OGL) in **humans**. MATERIALS AND METHODS: We studied six healthy **controls** (C), six **obese**, insulin resistant subjects (O) and six patients with type 2 diabetes (D). Catheters were placed in the femoral artery and hepatic vein according to the hepatic vein catheterization technique. Splanchnic blood flow was assessed by infusion of indocyanine-green dye. The measured variables were analyzed by a general circulatory model for calculation of prehepatic secretion. RESULTS: The total amount of released glucagon was not different between the respective groups (20.5 +/- 2.3 in C, 27.7 +/- 5.1 in O and 27.9 +/- 5.4 micro g/4 h in D). When considered as the difference from the fasting profile, however, glucagon secretion was reduced by 3.5 +/- 14% in C, 25 +/- 12% in O and increased by 36 +/- 21% in D (P = 0.051, D vs. C). **Amylin** secretion was increased in O (1.10 +/- 0.15) vs. C (0.63 +/- 0.05, P < 0.05) and D (0.24 +/- 0.10 nmol, P < 0.01). Following glucose **administration**, glucagon secretion significantly inversely correlated with secretion of **amylin** (r = -0.6, P < 0.01), but not with that of insulin (r =-0.23, P = 0.36). CONCLUSIONS: The inverse correlation between **amylin**

and glucagon secretion suggests that **amylin** modulates glucagon secretion following oral glucose **administration**. This study proves for the first time a role of endogenous **amylin** in the regulation of glucose homeostasis.

L12 ANSWER 9 OF 24 MEDLINE on STN DUPLICATE 2
ACCESSION NUMBER: 2002344197 MEDLINE
DOCUMENT NUMBER: PubMed ID: 12086946
TITLE: Estrogen can prevent or reverse obesity and diabetes in mice expressing **human** islet amyloid polypeptide.
AUTHOR: Geisler John G; Zawalich Walter; Zawalich Kathleen; Lakey Jonathan R T; Stukenbrok Hans; Milici Anthony J; Soeller Walter C
CORPORATE SOURCE: Yale University, New Haven, CT, USA.. jgeisler@isisph.com
CONTRACT NUMBER: DK 41230 (NIDDK)
SOURCE: Diabetes, (2002 Jul) 51 (7) 2158-69. Journal code: 0372763. ISSN: 0012-1797.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals
ENTRY MONTH: 200207
ENTRY DATE: Entered STN: 20020628
Last Updated on STN: 20020727
Entered Medline: 20020726

AB Type 2 diabetes is characterized by loss of beta-cell mass and concomitant deposition of amyloid derived from **islet amyloid** polypeptide (**IAPP**). Previously we have shown that expression of **human IAPP** (huIAPP) in islets of transgenic mice results in either a rapid onset of hyperglycemia in mice homozygous for the huIAPP transgene on a lean background (FVB/N) or a gradual hyperglycemia in mice hemizygous for the huIAPP transgene on an **obese** background (A(vy)/A). In both strains, only the males routinely develop diabetes. To investigate this sexual dimorphism, we **treated** young prediabetic A(vy)/A mice transgenic for huIAPP (huIAPP-A(vy)) with 17beta-estradiol (E2). The **treatment** completely blocked the progression to hyperglycemia but also **prevented** the associated **weight gain** in these mice. Immunohistochemistry of pancreatic sections demonstrated normal islet morphology with no apparent deposition of **islet amyloid**. E2 **treatment** of 1-year-old huIAPP-A(vy) diabetic males rapidly reverses **obesity** and hyperglycemia. To determine the effects of E2 in a nonobese model, we also **treated** prediabetic, ad libitum-fed and pair-fed Lean-huIAPP transgenic males. E2 completely blocked the progression to hyperglycemia with no significant effect on body weight. Pancreatic insulin content and plasma insulin concentration of Lean-huIAPP transgenic mice increased in a dose-dependent manner. We demonstrated the presence of estrogen receptor (ER)-alpha mRNA in mouse and **human** islets. By also confirming the presence of ER-alpha protein in islets, we discovered a novel 58-kDa ER-alpha isoform in mice and a 52-kDa isoform in **humans**, in the absence of the classic 67-kDa protein found in most tissues of both species. The demonstrated presence of ER-alpha in mouse and **human** islets is consistent with a direct effect on islet function. We conclude that exogenous E2 **administered** to male mice may block

human IAPP-mediated beta-cell loss both by direct action on beta-cells and by decreasing insulin demand through inhibition of **weight gain** or **increasing** insulin action.

L12 ANSWER 10 OF 24 MEDLINE on STN DUPLICATE 3
ACCESSION NUMBER: 2001681670 MEDLINE
DOCUMENT NUMBER: PubMed ID: 11727406
TITLE: Insulin therapy in type 2 diabetes.
AUTHOR: Mudaliar S; Edelman S V
CORPORATE SOURCE: Section of Diabetes/Metabolism, VA San Diego HealthCare System, Department of Medicine, University of California at San Diego, San Diego, California, USA.
SOURCE: Endocrinology and metabolism clinics of North America, (2001 Dec) 30 (4) 935-82. Ref: 71
Journal code: 8800104. ISSN: 0889-8529.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200204
ENTRY DATE: Entered STN: 20011203
Last Updated on STN: 20020501
Entered Medline: 20020430

AB Type 2 diabetes is a common disorder often accompanied by numerous metabolic abnormalities leading to a high risk of cardiovascular morbidity and mortality. Results from the UKPDS have confirmed that intensive glucose **control** delays the onset and retards the progression of microvascular disease and possibly of macrovascular disease in patients with type 2 diabetes. In the early stages of the disease, insulin resistance plays a major role in the development of hyperglycemia and other metabolic abnormalities, and patients with type 2 diabetes often benefit from measures to improve insulin sensitivity such as weight loss, dietary changes, and exercise. Later, the use of oral insulin secretagogues and insulin sensitizers as monotherapy and in combination helps maintain glycemia for varying periods of time. Ultimately, because of the progressive nature of the disease and the progressive decline in pancreatic beta-cell function, insulin **therapy** is almost always obligatory to achieve optimal glycemic goals. Not all patients are candidates for aggressive insulin management; therefore, the goals of **therapy** should be modified, especially in elderly individuals and those with co-morbid conditions. Candidates for intensive management should be motivated, compliant, and educable, without other major medical conditions and physical limitations that would preclude accurate and reliable HGM and insulin **administration**. In selected patients, combination **therapy** with insulin and oral antidiabetic medications can be an effective method for normalizing glycemia without the need for rigorous multiple-injection regimens. The patients for whom combination **therapy** is most commonly successful are those who do not achieve adequate glycemic **control** using daytime oral agents but who still show some evidence of responsiveness to the medications. Bedtime intermediate-acting or predinner premixed intermediate- and rapid-acting insulin is **administered** and progressively increased until the FPG concentration is normalized. If combination **therapy** is not successful, a split-mixed regimen of

intermediate- and rapid-acting insulin equally divided between the prebreakfast and pre-dinner periods is advised for oese patients, and more intensive regimens are advised for thin patients. Insulin **therapy** is invariably associated with **weight gain** and hypoglycemia. The use of metformin or glitazones in combination with insulin has been demonstrated to have insulin-sparing properties. Also, metformin use may ameliorate **weight gain**. The use of continuous subcutaneous insulin infusion pumps can be particularly beneficial in **treating** patients with type 2 diabetes mellitus who do not respond satisfactorily to more conventional **treatment** strategies. Intraperitoneal insulin delivery systems hold considerable promise in type 2 diabetes because of their more physiologic delivery of insulin and their ability to inhibit hepatic glucose production selectively, with less peripheral insulinemia than with subcutaneous insulin injections. Newer insulin analogues such as the rapidly acting Lispro insulin and the peakless, long-acting glargine insulin are increasingly being used because of their unique physiologic pharmacokinetics. New developments such as inhaled and buccal insulin preparations will also make it easier for many patients to initiate and maintain a proper insulin regimen. Finally, a new generation of gut peptides such as **amylin** and GLP-1 will add a new dimension to glycemic **control** through modification of nutrient delivery and other mechanisms; however, the ultimate goal in the management of type 2 diabetes is the primary **prevention** of the disease. The Diabetes **Prevention** Program (DPP) sponsored by the National Institutes of Health has currently randomly assigned more than 3000 persons with impaired glucose tolerance and at high risk of developing diabetes into three **treatment** arms: metformin arm, an intensive lifestyle-modification arm, and a placebo arm. The study will conclude in 2002 after all participants have been followed for 3 to 6 years.

L12 ANSWER 11 OF 24 MEDLINE on STN DUPLICATE 4
ACCESSION NUMBER: 1999269746 MEDLINE
DOCUMENT NUMBER: PubMed ID: 10337452
TITLE: Effect of oral antidiabetic agents on plasma amylin level in patients with non-insulin-dependent diabetes mellitus (type 2).
AUTHOR: Zapecka-Dubno B; Czyzyk A; Dworak A; Bak M I
CORPORATE SOURCE: Department of Gastroenterology and Metabolic Diseases, University Medical School of Warsaw, Poland.
SOURCE: Arzneimittel-Forschung, (1999 Apr) 49 (4) 330-4. Journal code: 0372660. ISSN: 0004-4172.
PUB. COUNTRY: GERMANY: Germany, Federal Republic of
DOCUMENT TYPE: (CLINICAL TRIAL) Journal; Article; (JOURNAL ARTICLE) (RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199907
ENTRY DATE: Entered STN: 19990715
Last Updated on STN: 19990715
Entered Medline: 19990708

AB The purpose of the study was the comparison of the effect of the oral **therapy** of non-insulin-dependent diabetes mellitus (NIDDM) with either a sulphonylurea or biguanide derivative on plasma **amylin** level. In 10 healthy individuals the fasting plasma **amylin** level was 1.56 +/- 0.27 pmol/l (mean +/- SEM) and 6 min

after i.v. injection of 1 mg glucagon a fourfold increase was observed. In 10 patients with NIDDM receiving glibenclamide (CAS 10238-21-8) the fasting plasma **amylin** level was twofold higher than in healthy **control** (2.72 +/- 0.38 pmol/l; p < 0.025) but following glucagon **administration** it increased only twofold. In 15 patients **treated** with metformin (CAS 657-24-9) the fasting plasma **amylin** level was similar to that in healthy individuals (1.64 +/- 0.25 pmol/l), but after glucagon stimulation the increment of plasma **amylin** was minimal and the relevant mean value was significantly lower when compared with those in healthy individuals and with NIDDM patients **treated** with glibenclamide. In 10 untreated **obese** patients with newly diagnosed NIDDM the **administration** of glibenclamide (14 days) resulted in the increase of basal (2.47 +/- 0.23 and 3.16 +/- 0.29 pmol/l; p < 0.1), and glucagon stimulated (3.34 +/- 0.39 and 4.56 +/- 0.38; p < 0.05) plasma **amylin** concentrations, whereas other 10 patients receiving metformin showed a decrease in fasting plasma level of this peptide before (2.64 +/- 0.59 and 1.28 +/- 0.38 pmol/l; p < 0.1), and after glucagon injection (5.02 +/- 0.55 and 2.83 +/- 0.65 pmol/l; p < 0.02). With the respect to the trophic effect of amyloid deposits in the pancreatic islets and to a hypothetic effect of **amylin** increasing insulin resistance, the present results emphasize the particular usefulness of metformin in the pharmacological **treatment** of NIDDM. All contraindications and side effects of metformin should be taken into account before drug **administration**.

L12 ANSWER 12 OF 24 EMBASE

ACCESSION NUMBER: 1999057136 EMBASE
TITLE: Current status and future prospects of parenteral insulin regimens, strategies and delivery systems for diabetes treatment.
AUTHOR: Jeandidier N.; Boivin S.
CORPORATE SOURCE: N. Jeandidier, Hopitaux Universitaires Strasbourg, 67091 Strasbourg Cedex, France
SOURCE: Advanced Drug Delivery Reviews, (1999) Vol. 35, No. 2-3, pp. 179-198.
Refs: 113
ISSN: 0169-409X CODEN: ADDREP
PUBLISHER IDENT.: S 0169-409X(98)00072-6
COUNTRY: Netherlands
DOCUMENT TYPE: Journal; General Review
FILE SEGMENT: 003 Endocrinology
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 19990225
Last Updated on STN: 19990225

AB A strong relationship between long term metabolic **control** and low frequency of chronic diabetes complications was shown in the Diabetes **Control** Complication Trial (DCCT). However, the subcutaneous intensive insulin **therapy** required to achieve the glycemic goals defined by the DCCT led to an unacceptable frequency of severe hypoglycemia and a significant **weight gain**. This limits the benefits of this **therapy** and excludes groups of patients such as young children, the elderly or

hypoglycemia prone patients. The intensive **therapy** and self blood glucose monitoring (SMBG) necessary to limit hypoglycemia represent a heavy burden for the patients and their family. Improvements in parenteral insulin **therapy** are possible by either modifying subcutaneous insulin characteristics (analogs, adjunction of peptides such as **amylin**, GLP1, IGF1), or by developing better routes of **administration** and making SMBG easier, which is a key to intensive insulin **therapy** success. The ultimate goal remains the development of an automated, glucose **controlled** device.

L12 ANSWER 13 OF 24 PHIN COPYRIGHT 2005 T&F Informa UK Ltd on STN

ACCESSION NUMBER: 1998:19355 PHIN
DOCUMENT NUMBER: B00600452
DATA ENTRY DATE: 1 Oct 1998
TITLE: The Struggle for New Diabetes Therapies: Late-Stage Candidates Move Toward the Market
SOURCE: Bioventure-View (1998) No. 1310 p8
DOCUMENT TYPE: Newsletter
FILE SEGMENT: FULL

L12 ANSWER 14 OF 24 WPIDS COPYRIGHT 2005 THE THOMSON CORP on STN
DUPLICATE 5
ACCESSION NUMBER: 1999-070240 [06] WPIDS
DOC. NO. CPI: C1999-020774
TITLE: Method for **treating** or **preventing** **obesity** in **human** - comprises **administering** to subject **amylin** or **amylin** agonist, especially useful in **treating** patients with diabetes mellitus.
DERWENT CLASS: B04
INVENTOR(S): DUFT, B J; TERMAN, O; KOLTERMAN, O G; KOLTERMAN, O
PATENT ASSIGNEE(S): (AMYL-N) AMYLIN PHARM INC; (DUFT-I) DUFT B J; (KOLT-I) KOLTERMAN O G
COUNTRY COUNT: 82
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 9855144	A1	19981210	(199906)*	EN	58
RW: AT BE CH CY DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW NL OA PT SD SE SZ UG ZW					
W: AL AM AT AU AZ BA BB BG BR BY CA CH CN CU CZ DE DK EE ES FI GB GE GH GM GW HU ID IL IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MD MG MK MN MW MX NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT UA UG US UZ VN YU ZW					
AU 9878230	A	19981221	(199919)		
NO 9905996	A	20000207	(200017)		
BR 9809951	A	20000801	(200043)		
CZ 9904360	A3	20001011	(200060)		
HU 2000004271	A2	20010528	(200140)		
NZ 501451	A	20011026	(200176)		
MX 9911320	A1	20010501	(200227)		
US 2003026812	A1	20030206	(200313)		
RU 2207871	C2	20030710	(200355)		
US 2004022807	A1	20040205	(200411)		
CZ 294983	B6	20050413	(200528)		

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 9855144	A1	WO 1998-US11753	19980605
AU 9878230	A	AU 1998-78230	19980605
NO 9905996	A	WO 1998-US11753	19980605
		NO 1999-5996	19991206
BR 9809951	A	BR 1998-9951	19980606
		WO 1998-US11753	19980606
CZ 9904360	A3	WO 1998-US11753	19980605
		CZ 1999-4360	19980605
HU 2000004271	A2	WO 1998-US11753	19980605
		HU 2000-4271	19980605
NZ 501451	A	NZ 1998-501451	19980605
		WO 1998-US11753	19980605
MX 9911320	A1	MX 1999-11320	19991206
US 2003026812	A1	US 1997-870762	19970606
RU 2207871	C2	WO 1998-US11753	19980605
		RU 2000-100346	19980605
US 2004022807	A1	WO 1998-US11753	19980605
		US 1999-445517	19991206
CZ 294983	B6	WO 1998-US11753	19980605
		CZ 1999-4360	19980605

FILING DETAILS:

PATENT NO	KIND		PATENT NO
AU 9878230	A	Based on	WO 9855144
BR 9809951	A	Based on	WO 9855144
CZ 9904360	A3	Based on	WO 9855144
HU 2000004271	A2	Based on	WO 9855144
NZ 501451	A	Based on	WO 9855144
RU 2207871	C2	Based on	WO 9855144
CZ 294983	B6	Previous Publ.	CZ 9904360
		Based on	WO 9855144

PRIORITY APPLN. INFO: US 1997-870762 19970606; US 1999-445517 19991206

AN 1999-070240 [06] WPIDS

AB WO 9855144 A UPAB: 19990210

A method for **treating** or **preventing** **obesity** in a **human** comprises **administering** **amylin** or **amylin** agonist.

USE - The method is used to reduce insulin-induced **weight** **gain** in **human** subjects taking insulin, e.g. patients with diabetes mellitus. **Amylin** or **amylin** agonist are **administered** subcutaneously 1-4 (especially 3) times/day at 30-300 (especially 60) mu g/dose (all claimed)

Dwg.0/0

L12 ANSWER 15 OF 24 WPIDS COPYRIGHT 2005 THE THOMSON CORP on STN

ACCESSION NUMBER: 1998-398796 [34] WPIDS

CROSS REFERENCE: 1998-145351 [13]; 1999-180403 [15]; 1999-347456 [29]; 1999-394773 [33]; 2005-178897 [19]

DOC. NO. CPI: C1998-120756

TITLE: Reducing food intake by administering exendin(s) or their analogue(s) - for treatment of e.g. obesity,

type II diabetes, eating disorders and insulin resistance.

DERWENT CLASS: B04 D16

INVENTOR(S): BEELEY, N R A; BHAVSAR, S; PRICKETT, K S; GEDULIN, B; YOUNG, A A; YOUNG, A

PATENT ASSIGNEE(S): (AMYL-N) AMYLIN PHARM INC; (BEEL-I) BEELEY N R A; (BHAV-I) BHAVSAR S; (PRIC-I) PRICKETT K S; (GEDU-I) GEDULIN B; (YOUN-I) YOUNG A A; (YOUN-I) YOUNG A

COUNTRY COUNT: 82

PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 9830231	A1	19980716	(199834)*	EN	213
RW: AT BE CH DE DK EA ES FI FR GB GH GM GR IE IT KE LS LU MC MW NL OA PT SD SE SZ UG ZW					
W: AL AM AT AU AZ BA BB BG BR BY CA CH CN CU CZ DE DK EE ES FI GB GE GH GM GW HU ID IL IS JP KE KG KP KR KZ LC LK LR LS LT LU LV MD MG MK MN MW MX NO NZ PL PT RO RU SD SE SG SI SK SL TJ TM TR TT UA UG UZ VN YU ZW					
AU 9862394	A	19980803	(199850)		
EP 996459	A1	20000503	(200026)	EN	
R: AT BE CH DE DK ES FI FR GB GR IE IT LI LU MC NL PT SE					
AU 739020	B	20011004	(200166)		
JP 2002508742	W	20020319	(200222)		156
MX 2000001419	A1	20010601	(200235)		
US 2002137666	A1	20020926	(200265)		
AU 757748	B	20030306	(200324)		
US 2003087821	A1	20030508	(200337)		
US 2005043238	A1	20050224	(200515)		
US 2005059601	A1	20050317	(200521)		
US 2005101537	A1	20050512	(200532)		
EP 996459	B1	20050921	(200563)	EN	
R: AT BE CH DE DK ES FI FR GB GR IE IT LI LU MC NL PT SE					
US 2005215469	A1	20050929	(200564)		
US 6956026	B2	20051018	(200568)		
DE 69831673	E	20051027	(200571)		

APPLICATION DETAILS:

PATENT NO	KIND		APPLICATION	DATE
WO 9830231	A1		WO 1998-US449	19980107
AU 9862394	A		AU 1998-62394	19980107
EP 996459	A1		EP 1998-904545	19980107
			WO 1998-US449	19980107
AU 739020	B		AU 1998-62394	19980107
JP 2002508742	W		JP 1998-531147	19980107
			WO 1998-US449	19980107
MX 2000001419	A1		MX 2000-1419	20000209
US 2002137666	A1	Provisional	US 1997-34905P	19970107
		Provisional	US 1997-55404P	19970808
		Provisional	US 1997-65442P	19971114
		Provisional	US 1997-66029P	19971114
			US 1998-3869	19980107
AU 757748	B		AU 1999-14046	19981113
US 2003087821	A1	Provisional	US 1997-34905P	19970107
		Provisional	US 1997-55404P	19970808
		Provisional	US 1997-65442P	19971114

Searcher : Shears 571-272-2528

		Provisional	US 1997-66029P	19971114
		Cont of	US 1998-3869	19980107
			US 2002-187051	20020628
US 2005043238	A1	CIP of	US 1996-694954	19960808
		Provisional	US 1997-34905P	19970107
		Provisional	US 1997-55404P	19970808
		CIP of	US 1997-908867	19970808
		Provisional	US 1997-65442P	19971114
		Cont of	US 1998-3869	19980107
			US 2004-895909	20040720
US 2005059601	A1	Provisional	US 1997-34905P	19970107
		Provisional	US 1997-55404P	19970808
		Provisional	US 1997-65442P	19971114
		Provisional	US 1997-66029P	19971114
		Cont of	US 1998-3869	19980107
		Cont of	US 2002-187051	20020628
			US 2004-964887	20041015
US 2005101537	A1	Provisional	US 1997-34905P	19970107
		Provisional	US 1997-55404P	19970808
		Provisional	US 1997-65442P	19971114
		Provisional	US 1997-66029P	19971114
		Cont of	US 1998-3869	19980107
		Cont of	US 2002-187051	20020628
			US 2004-966337	20041014
EP 996459	B1		EP 1998-904545	19980107
			WO 1998-US449	19980107
		Related to	EP 2005-11978	20050603
US 2005215469	A1	CIP of	US 1996-694954	19960808
		Provisional	US 1997-34905P	19970107
		Provisional	US 1997-55404P	19970808
		CIP of	US 1997-908867	19970808
		Provisional	US 1997-65442P	19971114
		Provisional	US 1997-66029P	19971114
		Cont of	US 1998-3869	19980107
			US 2004-894999	20040719
US 6956026	B2	Provisional	US 1997-34905P	19970107
		Provisional	US 1997-55404P	19970808
		Provisional	US 1997-65442P	19971114
		Provisional	US 1997-66029P	19971114
			US 1998-3869	19980107
DE 69831673	E		DE 1998-631673	19980107
			EP 1998-904545	19980107
			WO 1998-US449	19980107

FILING DETAILS:

PATENT NO	KIND		PATENT NO
AU 9862394	A	Based on	WO 9830231
EP 996459	A1	Based on	WO 9830231
AU 739020	B	Previous Publ.	AU 9862394
		Based on	WO 9830231
JP 2002508742	W	Based on	WO 9830231
AU 757748	B	Previous Publ.	AU 9914046
		Based on	WO 9925727
EP 996459	B1	Based on	WO 9830231
US 2005215469	A1	CIP of	US 6858576
DE 69831673	E	Based on	EP 996459
		Based on	WO 9830231

Searcher : Shears 571-272-2528

PRIORITY APPLN. INFO: US 1997-66029P 19971114; US
1997-34905P 19970107; US
1997-55404P 19970808; US
1997-65442P 19971114; US
1998-3869 19980107; US
2002-187051 20020628; US
1996-694954 19960808; US
1997-908867 19970808; US
2004-895909 20040720; US
2004-964887 20041015; US
2004-966337 20041014; US
2004-894999 20040719

AN 1998-398796 [34] WPIDS

CR 1998-145351 [13]; 1999-180403 [15]; 1999-347456 [29]; 1999-394773 [33]; 2005-178897 [19]

AB WO 9830231 A UPAB: 20051104
Disorders that are alleviated by reducing food intake are **treated** by **administering** an exendin (I) or its agonists. Also new is **treatment** with (I) or agonist to reduce appetite or weight and to lower plasma lipid levels.
USE - The method is used, particularly in **humans** but also in other vertebrates, to **treat obesity**, type II diabetes, eating disorders or insulin resistance syndrome; it also reduces risk of cardiac disease and plasma glucose levels. (I) are already known to inhibit stomach emptying and as insulinotrophic agents. (I) is **administered** parenterally, particularly by peripheral injection at 10 mu g to 5 mg, especially 30-500 mu g, per day, but may also be given nasally, orally or in sustained release formulations.
ADVANTAGE - (I) inhibit food consumption as effectively as **amylin** or cholecystokinin (CCK) but have a much longer-lasting action (still effective after 6 hr in a mouse model).
Dwg.0/10

L12 ANSWER 16 OF 24 MEDLINE on STN DUPLICATE 6
ACCESSION NUMBER: 97425450 MEDLINE
DOCUMENT NUMBER: PubMed ID: 9279500
TITLE: Drug treatment of non-insulin-dependent diabetes mellitus in the 1990s. Achievements and future developments.
AUTHOR: Scheen A J
CORPORATE SOURCE: Department of Medicine, CHU Sart Tilman, Liege, Belgium.
SOURCE: Drugs, (1997 Sep) 54 (3) 355-68. Ref: 144
Journal code: 7600076. ISSN: 0012-6667.
PUB. COUNTRY: New Zealand
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199710
ENTRY DATE: Entered STN: 19971105
Last Updated on STN: 20000303
Entered Medline: 19971021

AB Non-insulin-dependent diabetes mellitus (NIDDM, type 2 diabetes) is a heterogeneous disease resulting from a dynamic interaction between defects in insulin secretion and insulin action. There are various pharmacological approaches to improving glucose homeostasis, but those

currently used in clinical practice either do not succeed in restoring normoglycaemia in most patients or fail after a variable period of time. For glycaemic regulation, 4 classes of drugs are currently available: sulphonylureas, biguanides (metformin), alpha-glucosidase inhibitors (acarbose) and insulin, each of which has a different mode and site of action. These standard pharmacological **treatments** may be used individually for certain types of patients, or may be combined in a stepwise fashion to provide more ideal glycaemic **control** for most patients. Adjunct **treatments** comprise a few pharmacological approaches which may help to improve glycaemic **control** by correcting some abnormalities frequently associated with NIDDM, such as **obesity** (serotoninergic anorectic agents) and hyperlipidaemia (benfluorex). There is intensive pharmaceutical research to find new drugs able to stimulate insulin secretion (new sulphonylurea or nonsulphonylurea derivatives, glucagon-like peptide-1), improve insulin action (thiazolidinediones, lipid interfering agents, glucagon antagonists, vanadium compounds) or reduce carbohydrate absorption (miglitol, **amylin** analogues, glucagon-like peptide-1). Further studies should demonstrate the superiority of these new compounds over the standard antidiabetic agents as well as their optimal mode of **administration**, alone or in combination with currently available drugs.

L12 ANSWER 17 OF 24 WPIDS COPYRIGHT 2005 THE THOMSON CORP on STN
ACCESSION NUMBER: 1997-021221 [02] WPIDS
DOC. NO. NON-CPI: N1997-017523
DOC. NO. CPI: C1997-006933
TITLE: Recombinant DNA for expression of islet amyloid polypeptide - to develop prods. for use in diagnosis, study and treatment of disorders, e.g. diabetes and obesity.
DERWENT CLASS: B04 D16 P14 S03
INVENTOR(S): CARTY, M D; KREUTTER, D K; SOELLER, W C
PATENT ASSIGNEE(S): (PFIZ) PFIZER INC
COUNTRY COUNT: 22
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 9637612	A1	19961128	(199702)*	EN	49
RW: AT BE CH DE DK ES FI FR GB GR IE IT LU MC NL PT SE					
W: CA JP MX US					
EP 827540	A1	19980311	(199814)	EN	
R: AT BE CH DE DK ES FI FR GB GR IE IT LI LU NL PT SE					
JP 10507084	W	19980714	(199838)		60
MX 9709014	A1	19980301	(200002)		
US 6187991	B1	20010213	(200111)		
JP 3258024	B2	20020218	(200219)		25
CA 2219629	C	20040914	(200461)	EN	

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 9637612	A1	WO 1996-IB371	19960424
EP 827540	A1	EP 1996-908328	19960424
		WO 1996-IB371	19960424
JP 10507084	W	JP 1996-535526	19960424

Searcher : Shears 571-272-2528

		WO 1996-IB371	19960424
MX 9709014	A1	MX 1997-9014	19971121
US 6187991	B1	US 1995-446935	19950523
JP 3258024	B2	JP 1996-535526	19960424
		WO 1996-IB371	19960424
CA 2219629	C	CA 1996-2219629	19960424
		WO 1996-IB371	19960424

FILING DETAILS:

PATENT NO	KIND	PATENT NO
EP 827540	A1 Based on	WO 9637612
JP 10507084	W Based on	WO 9637612
JP 3258024	B2 Previous Publ.	JP 10507084
	Based on	WO 9637612
CA 2219629	C Based on	WO 9637612

PRIORITY APPLN. INFO: US 1995-446935 19950523
AN 1997-021221 [02] WPIDS
AB WO 9637612 A UPAB: 19970108
Novel recombinant DNA resulting in the expression of a diabetic phenotype when incorporated into a suitable host, comprises: (a) non-**islet amyloid** polypeptide (**IAPP**) promoter; (b) sequence encoding **human IAPP**, or an active fragment functionally linked to a **human** albumin intron 1 encoding sequence; (c) **human** glyceraldehyde-3-phosphate dehydrogenase (GAPDH) termination encoding sequence; and (d) **human** GAPDH polyadenylation encoding sequence. Also claimed are: (1) vector, eukaryotic cell line and transgenic non-**human** animal, comprising the recombinant DNA; (2) **treating** an animal having disease characterised by an over expression of an **IAPP** gene prod., comprising the **admin**. of an **IAPP** gene prod. over expression inhibitor; (3) evaluating the effect of a **treatment**, comprising **administering** the **treatment** and evaluating its effect on the prod. of **IAPP** gene over expression; (4) determining if a subject is at risk of diabetes or **obesity**, comprising examining the subject for the over expression of an **IAPP** gene prod., the over expression being indicative of risk; and (5) evaluating an animal model for a disorder or disease state, comprising determining if an **IAPP** gene in the animal model is expressed at a predetermined level.

USE - The prods. and methods can be used in the diagnosis, study and **treatment** of disorders related to the over expression of an **IAPP** gene prod., e.g. diabetes and **obesity**.

Dwg.0/9

L12 ANSWER 18 OF 24 MEDLINE on STN
ACCESSION NUMBER: 97009940 MEDLINE
DOCUMENT NUMBER: PubMed ID: 8967027
TITLE: [Amylin as an additional possible pathogenic factor in NIDDM and the insulin resistance syndrome]. Amylin ako d'alsi mozny patogeneticky clanok NIDDM a syndromu inzulinovej rezistencie.
AUTHOR: Hrnciar J
CORPORATE SOURCE: Interna klinika A, nemocnica F.D. Roosevelta Banska Bystrica.
SOURCE: Vnitrni lekarstvi, (1996 Aug) 42 (8) 557-60. Ref: 21

Journal code: 0413602. ISSN: 0042-773X.
PUB. COUNTRY: Czech Republic
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)
(REVIEW, TUTORIAL)
LANGUAGE: Slovak
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199612
ENTRY DATE: Entered STN: 19970128
Last Updated on STN: 19970128
Entered Medline: 19961205

AB The syndrome of insulin resistance comprises the following H-phenomena: 1. Hyperinsulinism compensating the inborn postreceptor insulin resistance, 2. Hyperglycaemia-non-insulin-dependent diabetes mellitus, 3. Hyperlipoproteinaemia with android **obesity**, 4. Hypertension, 5. Hirsutism with the syndrome of polycystic ovaries as a manifestation of a hyperandrogenic situation in the female organism. Molecular syndromes of this syndrome of insulin resistance are obscure. They are the subject of intensive studies because H-phenomena are an aggregation of the main risk factors of atherogenesis. Recently attention is focused also on **amylin** --a 37 amino acid peptide with a 50% homologous amino acid sequence with a calcitonin-gene--related peptide (CGRP), which is the product of a gene made up of three introns on the 12th chromosome. **Amylin** acts in the beta-cells of the pancreas as a co-secretion of insulin. If in excess, it is deposited in the form of an amyloid in the beta-cells. In the early stage of NIDDM it alters the physiological response of the beta-cell to glycaemic stimuli and food, in later stages of the disease, after accumulation, it causes apoptosis of the beta-cell and reduces thus the secretory capacity of the Langerhans islets. It is excreted in the urine and thus, if the glomerular filtration is reduced, it cumulates in the blood stream and thus enhances insulin resistance already in the early stages of chronic renal insufficiency, or in diabetic nephropathy. In type II diabetes similarly as insulin levels also **amylin** levels are elevated, while in type I diabetes with early autoimmune destruction of the beta-cells the insulin and **amylin** levels are reduced or even zero. **Amylin** reduces in the muscle, probably by inhibition of glycogen synthase, the insulin stimulated non-oxidative utilization of glucose into muscle glycogen and conversely by stimulation of phosphorylase it stimulates glycogenolysis and thus also lactate production and gluconeogenesis in the liver which all are anti-insulin effects which intensify the insulin resistance of the main target tissues. **Amylin**, similarly as CGRP or calcitonin, reduces Ca blood levels and has a vasodilatating effect; it reduces the BP but in different minimal and maximal doses and by a different mechanism and via special receptors because the link of **amylin** to calcitonin receptors is 100 times lower and does not produce a rise of cAMP in the target cell. The effect on the enhancement of insulin resistance in muscle was proved also by direct measurements using an hyperinsulinaemic euglycaemic clamp. After prolongation of the clamp to more than two hours the effect on insulin resistance disappeared, although the hypocalcinaemic effect persisted. **Amylin** is able by its biological action to modify the secretion as well as the effectiveness of insulin to pathological values. These two characteristics are typical for impaired glucose tolerance in type II diabetes. Studies are under way to find out whether the effect of **amylin** is involved directly also in the pathogenesis of the other H-phenomena or only via accentuation of

hyperinsulinism. In any case **amylin** is a new link the role of which in the pathogenesis of NIDDM and the syndrome of insulin resistance awaits evaluation. Due to its effect on gastric evacuation it participates also in the postprandial glycaemic **control** in particular in type I diabetes where it it begins to be used in **therapy**. Perhaps it will be possible to **administer** it in these patients along with insulin to improve diabetes compensation.

L12 ANSWER 19 OF 24 PHIN COPYRIGHT 2005 T&F Informa UK Ltd on STN

ACCESSION NUMBER: 95:14584 PHIN
DOCUMENT NUMBER: S00454944
DATA ENTRY DATE: 7 Aug 1995
TITLE: Glaxo Company Profile 1995
SOURCE: Scrip-Online-plus (1995)
DOCUMENT TYPE: Newsletter
FILE SEGMENT: FULL

L12 ANSWER 20 OF 24 MEDLINE on STN DUPLICATE 7
ACCESSION NUMBER: 96091378 MEDLINE
DOCUMENT NUMBER: PubMed ID: 8529120
TITLE: Amyloid formation in response to beta cell stress occurs in vitro, but not in vivo, in islets of transgenic mice expressing **human** islet amyloid polypeptide.
AUTHOR: Westermark G; Arora M B; Fox N; Carroll R; Chan S J; Westermark P; Steiner D F
CORPORATE SOURCE: Department of Pathology, Faculty of Health Sciences, Linkoping University, Sweden.
CONTRACT NUMBER: DK13914 (NIDDK)
DK20595 (NIDDK)
SOURCE: Molecular medicine (Cambridge, Mass.), (1995 Jul) 1 (5) 542-53.
Journal code: 9501023. ISSN: 1076-1551.
PUB. COUNTRY: United States
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 199601
ENTRY DATE: Entered STN: 19960220
Last Updated on STN: 19960220
Entered Medline: 19960129

AB BACKGROUND: **Human**, but not mouse, **islet amyloid** polypeptide (**IAPP**) is amyloidogenic. Transgenic mice overexpressing **human IAPP** in the beta cells of the islets of Langerhans should be useful in identifying factors important for the deposition of **IAPP** as insoluble amyloid fibrils. MATERIALS AND METHODS: Transgenic mice expressing **human IAPP** were examined using several experimental models for the production of persistent hyperglycemia, as well as for the overstimulation and/or inhibition of beta cell secretion. **Obesity** was induced by aurothioglucose. Persistent hyperglycemia was produced by long-term **administration** of glucocorticosteroids or by partial pancreatectomy. Inhibition of normal beta cell exocytosis by diazoxide **administration**, with or without concurrent dexamethasone injections, was carried out to increase crinophagy of secretory granules. The **human IAPP** gene was also introduced into the ab and ob mouse models

for diabetes. Finally, isolated islets cultivated in vitro at high glucose concentration were also examined. RESULTS: No amyloid deposits were found in the pancreata of any of the animals, either by light microscopy after Congo red staining or by electron microscopy after immunogold labeling with antibodies specific for **human IAPP**. Aurothioglucose **treatment** resulted in increased numbers of granules in the beta cell and the appearance of large lysosomal bodies without amyloid. However, islets from db and ob mice expressing **human IAPP** cultivated in vitro in the presence of glucocorticosteroid and/or growth hormone, were found to contain extracellular amyloid deposits reacting with antibodies to **human IAPP**. CONCLUSIONS: Oversecretion of **human IAPP** or increased crinophagy are not sufficient for amyloid formation. This indicates that other factors must influence amyloid deposition; one such factor may be the local clearance of **IAPP**.

L12 ANSWER 21 OF 24 TOXCENTER COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 2002:622976 TOXCENTER
DOCUMENT NUMBER: RISKLINE-1994100097
TITLE: Health-based recommended occupational exposure limit for several phtalate esters
AUTHOR(S): Dutch expert committee on occupational standards
SOURCE: Directorate-General of Labour, the Netherlands, (1994) RA 8/93 167 p.
FILE SEGMENT: RISKLINE
LANGUAGE: English
ENTRY DATE: Entered STN: 20050531
Last Updated on STN: 20050803

AB LOCAL EFFECTS. In general the irritating potency and acute toxicity of the phtalate esters is low. SHORT-TERM INHALATORY EXPOSURE. Only for DEHP, DBP and BBP inhalatory studies have been carried out. BBP and DBP induced neurotoxic effects in mice and rats. DEHP and DBP induced effects on the brain, liver and lung, reduced **weight gain** and **increased** relative organ **weights** in rats. SHORT-TERM ORAL DOSING. Predominantly DEHP was studied. Effects in rats started with changes in the kidneys (50-200 mg/kg/day) followed by a decreased growth rate (400 mg/kg/day), reduction in hepatocyte surface, hepatomegaly (500 mg/kg/day), decrease in liver glycogen content (1000 mg/kg/day) and an increase in relative liver, kidney and spleen weight (2500 mg/kg/day). Mice appeared to tolerate large intakes of DEHP. The effects found were depression of body weight (100 mg/kg/day), effects on liver and kidneys and death (1200 mg/kg/day). DBP, like DEHP, induced a decreased growth rate in rats (1040 mg/kg/day), hepatomegaly (120 and 1200 mg/kg/day), hepatomegaly and splenomegaly (1040 and 5200 mg/kg/day), increased relative liver, spleen and kidney weight (2500 mg/kg/day). DBP induced in mice comparable effects as in rats, at comparable dosages. **DAP** induced kidney and liver damage in rats (from 200 mg/kg/day); no effects were observed in mice (400 mg/kg/day). SHORT-TERM DERMAL APPLICATION. DA79P and DA9-11P were not irritating to rabbit skin, and mildly irritating to guinea pig skin. In another study DA79P was not irritating to guinea pig, rat and mouse skin. DA68P, on the other hand, induced hyperaemia, ulceration and fatalities. LONG-TERM INHALATORY EXPOSURE Exposure to 15 ug DEHP/m3 for 24 hr/day during lifetime (ca. 23 months) did not induce any effects in hamsters. Moreover, it did not promote carcinogenicity in NDMA-initiated hamsters. LONG-TERM ORAL DOSING. Predominantly DEHP was studied. Effects in rats started with hepatic peroxisome proliferation (10

Devi, S.
08/870762

18nov05 12:12:24 User219783 Session D2124.2

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File 65:Inside Conferences 1993-2005/Nov W2
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File 440:Current Contents Search(R) 1990-2005/Nov 18
(c) 2005 Inst for Sci Info
File 348:EUROPEAN PATENTS 1978-2005/Nov W01
(c) 2005 European Patent Office
File 357:Derwent Biotech Res. _1982-2005/Nov W3
(c) 2005 Thomson Derwent & ISI
File 113:European R&D Database 1997
(c)1997 Reed-Elsevier(UK)Ltd All rts reserv
*File 113: This file is closed (no updates)

Set Items Description
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-key terms

Set Items Description
S1 6803 AMYLIN OR AC128 OR IAPP OR (ISLET OR INSULINOM?)(W)AMYLOID OR DAP OR DIABET?(W)(ASSOCIAT? OR ASS??)(W)(PROTEIN? ? OR PEPTIDE? ? OR POLYPROTEIN? ? OR POLYPEPTIDE? ?) OR PRAMLINTIDE OR AC0137 OR AC137 OR AC(W)(0137 OR 137 OR 128) OR AMLINTIDE OR SYMLIN
S2 147175 OBESITY OR OBESE OR ANTIOBES? OR OVERWEIGH? OR OVER(W)(WEIGH? OR WT OR EAT OR EATING) OR OVEREAT? OR (WEIGH? OR WT)(3N)(GAIN OR INCREAS?)
S3 626 (S1 OR IAPP? ?) AND S2
S4 509 S3 AND (TREAT? OR THERAP? OR PREVENT? OR CONTROL?)
S5 247 S4 AND ADMIN?
S6 223 S5 AND HUMAN?
S7 86 S6/TI,DE,MAJ
S8 40 RD (unique items)
>>>No matching display code(s) found in file(s): 65, 113

8/3,AB/1 (Item 1 from file: 440)
DIALOG(R)File 440:Current Contents Search(R)
(c) 2005 Inst for Sci Info. All rts. reserv.

15883344 Document Delivery Available: 000181861400007 References: 32
TITLE: Inverse relation between **amylin** and glucagon secretion in healthy and diabetic **human** subjects
AUTHOR(S): Ludvik B (REPRINT); Thomaseth K; Nolan JJ; Clodi M; Prager R; Pacini G
AUTHOR(S) E-MAIL: bernhard.ludvik@akh-wien.ac.at
CORPORATE SOURCE: Innere Med Klin 3, Abt Endokrinol & Stoffwechsel, Waehringer Guertel 18-20/A-1090 Vienna//Austria/ (REPRINT); Univ Vienna, Dept Med 3, /Vienna//Austria/; ISIB CNR, Inst Biomed Engn, /Padua//Italy/ ; Trinity Coll Dublin, Dept Endocrinol, /Dublin//Ireland/
PUBLICATION TYPE: JOURNAL
PUBLICATION: EUROPEAN JOURNAL OF CLINICAL INVESTIGATION, 2003, V33, N4 (APR), P316-322
GENUINE ARTICLE#: 660XX
PUBLISHER: BLACKWELL PUBLISHING LTD, 9600 GARSINGTON RD, OXFORD OX4 2DG, OXON, ENGLAND
ISSN: 0014-2972
LANGUAGE: English DOCUMENT TYPE: ARTICLE

ABSTRACT: Background The role of amylin, which is cosecreted together with insulin by the pancreatic B-cells, in the pathogenesis of type-2 diabetes

is still unclear. To elucidate a possible relation between amylin and glucagon we directly evaluated the respective prehepatic secretions following administration of a 75-g oral glucose load (OGL) in humans.

Materials and methods We studied six healthy controls (C), six obese, insulin resistant subjects (O) and six patients with type 2 diabetes (D). Catheters were placed in the femoral artery and hepatic vein according to the hepatic vein catheterization technique. Splanchnic blood flow was assessed by infusion of indocyanine-green dye. The measured variables were analyzed by a general circulatory model for calculation of prehepatic secretion.

Results The total amount of released glucagon was not different between the respective groups (20.5 +/- 2.3 in C, 27.7 +/- 5.1 in O and 27.9 +/- 5.4 mug/4 h in D). When considered as the difference from the fasting profile, however, glucagon secretion was reduced by 3.5 +/- 14% in C, 25 +/- 12% in O and increased by 36 +/- 21% in D (P = 0.051, D vs. C). Amylin secretion was increased in O (1.10 +/- 0.15) vs. C (0.63 +/- 0.05, P < 0.05) and D (0.24 +/- 0.10 nmol, P < 0.01). Following glucose administration, glucagon secretion significantly inversely correlated with secretion of amylin (r = -0.6, P < 0.01), but not with that of insulin (r =-0.23, P = 0.36).

Conclusions The inverse correlation between amylin and glucagon secretion suggests that amylin modulates glucagon secretion following oral glucose administration. This study proves for the first time a role of endogenous amylin in the regulation of glucose homeostasis.

8/3,AB/2 (Item 2 from file: 440)
DIALOG(R)File 440:Current Contents Search(R)

14249494 Document Delivery Available: 000176616200022 References: 55
TITLE: Estrogen can **prevent** or reverse **obesity** and diabetes in mice expressing **human islet amyloid** polypeptide
AUTHOR(S): Geisler JG (REPRINT); Zawalich W; Zawalich K; Lakey JRT; Stukenbrok H; Milici AJ; Soeller WC
AUTHOR(S) E-MAIL: jgeisler@isisph.com
CORPORATE SOURCE: ISIS Pharmaceut Inc, 2292 Faraday Ave/Carlsbad//CA/92008 (REPRINT); Yale Univ, /New Haven//CT/; Univ Alberta, /Edmonton/AB/Canada/ ; Pfizer Inc, Pfizer Global Res & Dev, /Groton//CT/06340
PUBLICATION TYPE: JOURNAL
PUBLICATION: DIABETES, 2002, V51, N7 (JUL), P2158-2169
GENUINE ARTICLE#: 569RP
PUBLISHER: AMER DIABETES ASSOC, 1660 DUKE ST, ALEXANDRIA, VA 22314 USA
ISSN: 0012-1797
LANGUAGE: English DOCUMENT TYPE: ARTICLE

ABSTRACT: Type 2 diabetes is characterized by loss of beta-cell mass and concomitant deposition of amyloid derived from islet amyloid polypeptide (IAPP). Previously we have shown that expression of human IAPP (huIAPP) in islets of transgenic mice results in either a rapid onset of hyperglycemia in mice homozygous for the huIAPP transgene on a lean background (FVB/N) or a gradual hyperglycemia in mice hemizygous for the huIAPP transgene on an obese background (A(vy)/A). In both strains, only the males routinely develop diabetes. To investigate this sexual dimorphism, we treated young prediabetic A(vy)/A mice transgenic for huIAPP (huIAPP-A(vy)) with 17beta-estradiol (E2). The treatment completely blocked the progression to hyperglycemia but also prevented the associated weight gain in these mice.

Immunohistochemistry of pancreatic sections demonstrated normal islet morphology with no apparent deposition of islet amyloid. E2 treatment of 1-year-old huIAPP-A(vy) diabetic males rapidly reverses obesity and hyperglycemia. To determine the effects of E2 in a nonobese model, we also treated prediabetic, ad libitum-fed and pair-fed Lean-huIAPP transgenic males. E2 completely blocked the progression to hyperglycemia with no significant effect on body weight. Pancreatic insulin content and plasma insulin concentration of Lean-huIAPP transgenic mice increased in a dose-dependent manner. We demonstrated the presence of estrogen receptor (ER)-alpha mRNA in mouse and human islets. By also confirming the presence of ER-alpha protein in islets, we discovered a novel 58-kDa ER-alpha isoform in mice and a 52-kDa isoform in humans, in the absence of the classic 67-kDa protein found in most tissues of both species. The demonstrated presence of ER-alpha in mouse and human islets is consistent with a direct effect on islet function. We conclude that exogenous E2 administered to male mice may block human IAPP-mediated beta-cell loss both by direct action on beta-cells and by decreasing insulin demand through inhibition of weight gain or increasing insulin action.

8/3,AB/3 (Item 3 from file: 440)
DIALOG(R)File 440:Current Contents Search(R)

11855686 References: 174
TITLE: A rational approach to drug **therapy** of type 2 diabetes mellitus
AUTHOR(S): Chehade JM; Mooradian AD (REPRINT)
AUTHOR(S) E-MAIL: mooradad@slu.edu
CORPORATE SOURCE: St Louis Univ, Sch Med, 1402 S Grand Blvd/St Louis//MO/63104 (REPRINT); St Louis Univ, Sch Med, /St Louis//MO/63104
PUBLICATION TYPE: JOURNAL
PUBLICATION: DRUGS, 2000, V60, N1 (JUL), P95-113
GENUINE ARTICLE#: 339GZ
PUBLISHER: ADIS INTERNATIONAL LTD, 41 CENTORIAN DR, PRIVATE BAG 65901, MAIRANGI BAY, AUCKLAND 10, NEW ZEALAND
ISSN: 0012-6667
LANGUAGE: English DOCUMENT TYPE: REVIEW

ABSTRACT: Several new pharmacological agents have recently been developed to optimise the management of type 2 (non-insulin-dependent) diabetes mellitus. The aim of this article is to briefly review the various therapeutic agents available for management of patients with type 2 diabetes mellitus and to suggest a potential approach to drug selection. There are three general therapeutic modalities relevant to diabetes care. The first modality is lifestyle adjustments aimed at improving endogenous insulin sensitivity or insulin effect. This can be achieved by increased physical activity and bodyweight reduction with diet and behavioural modification, and the use of pharmacological agents or surgery. This first modality is not discussed in depth in this article. The second modality involves increasing insulin availability by the administration of exogenous insulin, insulin analogues, sulphonylureas and the new insulin secretagogue, repaglinide. The most frequently encountered adverse effect of these agents is hypoglycaemia. Bodyweight gain can also be a concern, especially in patients who are obese. The association between hyperinsulinaemia and premature atherosclerosis is still a debatable question. The third modality consists of agents such as biguanides and thiazolidinediones which enhance insulin sensitivity, or agents that decrease insulin requirements like the alpha-glucosidase inhibitors.

Type 2 diabetes mellitus is a heterogeneous disease with multiple underlying pathophysiological processes. Therapy should be individualised based on the degree of hyperglycaemia, hyperinsulinaemia or insulin deficiency. In addition, several factors have to be considered when prescribing a specific therapeutic agent. These factors include efficacy, safety, affordability and ease of administration.

8/3,AB/4 (Item 4 from file: 440)
DIALOG(R)File 440:Current Contents Search(R)

10524066 References: 20
TITLE: Effect of oral antidiabetic agents on plasma **amylin** level in patients with non-insulin-dependent diabetes mellitus (Type 2)
AUTHOR(S): Zapecka-Dubno B; Czyzyk A (REPRINT); Dworak A; Bak MI
CORPORATE SOURCE: Warsaw Univ, Dept Gastroenterol & Metab Dis, Ul Banacha 1A/PL-02097 Warsaw//Poland/ (REPRINT); Warsaw Univ, Dept Gastroenterol & Metab Dis, /PL-02097 Warsaw//Poland/
PUBLICATION TYPE: JOURNAL
PUBLICATION: ARZNEIMITTEL-FORSCHUNG-DRUG RESEARCH, 1999, V49, N4 (APR), P 330-334
GENUINE ARTICLE#: 192CY
PUBLISHER: ECV-EDITIO CANTOR VERLAG MEDIZIN NATURWISSENSCHAFTEN, BANDELSTOCKWEG 20, POSTFACH 1255, D-88322 AULENDORF, GERMANY
ISSN: 0004-4172
LANGUAGE: English DOCUMENT TYPE: ARTICLE

ABSTRACT: The purpose of the study was the comparison of the effect of the oral therapy of non-insulin-dependent diabetes mellitus (NiDDM) with either a sulphonylurea or biguanide derivative on plasma amylin level. In 10 healthy individuals the fasting plasma amylin level was 1.56 +/- 0.27 pmol/l (mean +/- SEM) and 6 min after i.v. injection of 1 mg glucagon a fourfold increase was observed. In 10 patients with NIDDM receiving glibenclamide (CAS 10238-21-8) the fasting plasma amylin level was twofold higher than in healthy control (2.72 +/- 0.38 pmol/l: $p < 0.025$) but following glucagon administration it increased only twofold. In 15 patients treated with metformin (CAS 657-24-9) the fasting plasma amylin level was similar to that in healthy individuals (1.64 +/- 0.25 pmol/l), but after glucagon stimulation the increment of plasma amylin was minimal and the relevant mean value was significantly lower when compared with those in healthy individuals and with NIDDM patients treated with glibenclamide.

In 10 untreated obese patients with newly diagnosed NIDDM the administration of glibenclamide (13 days) resulted in the increase of basal (2.47 +/- 0.23 and 3.16 +/- 0.29 pmol/l; $p < 0.1$), and glucagon stimulated (3.34 +/- 0.39 and 4.56 +/- 0.38: $p < 0.05$) plasma amylin concentrations, whereas other 10 patients receiving metformin showed a decrease in fasting plasma level of this peptide before (2.64 +/- 0.59 and 1.28 +/- 0.38 pmol/l, $p < 0.1$), and after glucagon injection (5.02 +/- 0.55 and 1.83 +/- 0.65 pmol/l; $p < 0.02$). With the respect to the trophic effect of amyloid deposits in the pancreatic islets and to a hypothetic effect of amylin increasing insulin resistance, the present results emphasize the particular usefulness of metformin in the pharmacological treatment of NIDDM. All contraindications and side effects of metformin should be taken into account before drug administration.

8/3,AB/5 (Item 5 from file: 440)
DIALOG(R)File 440:Current Contents Search(R)

08089206 References: 34
TITLE: Chronic infusion of **islet amyloid** polypeptide causes anorexia in rats
AUTHOR(S): Arnelo U (REPRINT); Permert J; Adrian TE; Larsson J; Westermark P; Reidelberger RD
CORPORATE SOURCE: HUDDINGE UNIV HOSP,KAROLINSKA INST, DEPT SURG, ARVID WRETLAND LAB METAB RES/S-14186 HUDDINGE//SWEDEN/ (REPRINT); LINKOPING UNIV HOSP,DEPT PATHOL/S-58185 LINKOPING//SWEDEN/; DEPT VET AFFAIRS MED CTR,RES SERV 151/OMAHA//NE/68105; CREIGHTON UNIV,SCH MED, DEPT BIOMED SCI/OMAHA//NE/68178
PUBLICATION TYPE: JOURNAL
PUBLICATION: AMERICAN JOURNAL OF PHYSIOLOGY-REGULATORY INTEGRATIVE AND COMPARATIVE PHYSIOLOGY, 1996, V40, N6 (DEC), PR1654-R1659
GENUINE ARTICLE#: WB876
PUBLISHER: AMER PHYSIOLOGICAL SOC, 9650 ROCKVILLE PIKE, BETHESDA, MD 20814
ISSN: 0363-6119
LANGUAGE: English DOCUMENT TYPE: ARTICLE

ABSTRACT: Islet amyloid polypeptide (IAPP) is a hormonal peptide that at high doses has been shown to reduce food intake. In the present study, the dose-response effects of subcutaneous infusion of IAPP (0, 2, 7, and 25 pmol . kg(-1). min(-1)) for 8 days on food intake and meal patterns in rats were investigated. At the end of the experiment, plasma was obtained and levels of IAPP were measured by radioimmunoassay. IAPP dose-dependently and transiently inhibited food intake. The minimal effective dose (2 pmol . kg(-1). min(-1)) caused a small but significant (up to 14%, $P < 0.01$) inhibition of food intake that lasted 5 days. The highest dose administered (25 pmol . kg(-1). min(-1)) had the greatest effect (up to 44%, $P < 0.001$), which lasted throughout the 8-day period. Reductions in feeding during light and dark phases occurred through a decrease in number of meals consumed rather than meal size or meal duration. IAPP also decreased body weight gain and water intake dose dependently. IAPP infusion of 2, 7, and 25 pmol . kg(-1). min(-1) increased plasma IAPP concentrations from a basal level of 10.3 +/- 0.7 pM to 35.1 +/- 5.4, 78.1 +/- 11.2, and 236.6 +/- 23.6 pM, respectively, values that are likely to be close to physiological and within the pathophysiological ranges. Thus IAPP may play an important physiological or pathophysiological role in control of food intake.

8/3,AB/6 (Item 6 from file: 440)
DIALOG(R)File 440:Current Contents Search(R)

06619428 References: 46
TITLE: AMYLOID FORMATION IN RESPONSE TO BETA CELL STRESS OCCURS IN VITRO, BUT NOT IN VIVO, IN ISLETS OF TRANSGENIC MICE EXPRESSING **HUMAN ISLET AMYLOID** POLYPEPTIDE
AUTHOR(S): WESTERMARK G; ARORA MB; FOX N; CARROLL R; CHAN SJ; WESTERMARK P; STEINER DF
CORPORATE SOURCE: LINKOPING UNIV HOSP,DEPT PATHOL/S-58185 LINKOPING//SWEDEN/ (Reprint); LINKOPING UNIV,FAC HLTH SCI,DEPT PATHOL/LINKOPING//SWEDEN/; UNIV ILLINOIS,COLL MED W,DEPT BIOCHEM/CHICAGO//IL/60612; LILLY CORP CTR,LILLY RES LABS/INDIANAPOLIS//IN/46285; UNIV CHICAGO,DEPT BIOCHEM & MOLEC BIOL/CHICAGO//IL/60637; UNIV CHICAGO,HOWARD HUGHES MED

INST/CHICAGO//IL/60637
PUBLICATION: MOLECULAR MEDICINE, 1995, V1, N5 (JUL), P542-553
GENUINE ARTICLE#: RL912
ISSN: 1076-1551
LANGUAGE: ENGLISH DOCUMENT TYPE: ARTICLE

ABSTRACT: Background: Human, but not mouse, islet amyloid polypeptide (IAPP) is amyloidogenic. Transgenic mice overexpressing human IAPP in the beta cells of the islets of Langerhans should be useful in identifying factors important for the deposition of IAPP as insoluble amyloid fibrils.

Materials and Methods: Transgenic mice expressing human IAPP were examined using several experimental models for the production of persistent hyperglycemia, as well as for the overstimulation and/or inhibition of beta cell secretion. Obesity was induced by aurothioglucose. Persistent hyperglycemia was produced by long-term administration of glucocorticosteroids or by partial pancreatectomy. Inhibition of normal beta cell exocytosis by diazoxide administration, with or without concurrent dexamethasone injections, was carried out to increase crinophagy of secretory granules. The human IAPP gene was also introduced into the db and ob mouse models for diabetes. Finally, isolated islets cultivated in vitro at high glucose concentration were also examined.

Results: No amyloid deposits were found in the pancreata of any of the animals, either by light microscopy after Congo red staining or by electron microscopy after immunogold labeling with antibodies specific for human IAPP. Aurothioglucose treatment resulted in increased numbers of granules in the beta cell and the appearance of large lysosomal bodies without amyloid. However, islets from db and ob mice expressing human IAPP cultivated in vitro in the presence of glucocorticosteroid and/or growth hormone, were found to contain extracellular amyloid deposits reacting with antibodies to human IAPP.

Conclusions: Oversecretion of human IAPP or increased crinophagy are not sufficient for amyloid formation. This indicates that other factors must influence amyloid deposition; one such factor may be the local clearance of IAPP.

8/3,AB/7 (Item 1 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

01971790
Oxa- and thiazole derivatives useful as antidiabetics and antidiobesity agents
Oxa- und Thiazolderivate sowie ihre Verwendung gegen Diabetes und Fettsucht
Derives d'oxa- ou de thiazole utiles comme agents antidiabetiques et **antiobesite**

PATENT ASSIGNEE:
Bristol-Myers Squibb Company, (3364422), P.O. Box 4000, Lawrenceville-Princeton Road, Princeton, NJ 08543, (US), (Applicant designated States: all)
INVENTOR:
Cheng, Peter T.W., 63 Maidenhead Road, Princeton New Jersey 08540, (US)
Jeon, Yoon T., 28 Westminster Court, Belle Mead New Jersey 08502, (US)
Zhang, Hao, 7 Reid Avenue, Belle Mead New Jersey 08502, (US)
Devasthale, Patrick, 9 Marion Drive, Plainsboro New Jersey 08536, (US)
Chen, Sean, 143 York Drive, Princeton New Jersey 08540, (US)

LEGAL REPRESENTATIVE:
Vossius & Partner (100314), Siebertstrasse 4, 81675 Munchen, (DE)
PATENT (CC, No, Kind, Date): EP 1589006 A1 051026 (Basic)
APPLICATION (CC, No, Date): EP 2005010760 000919;
PRIORITY (CC, No, Date): US 155400 P 990922
DESIGNATED STATES: AT; BE; CH; CY; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE
RELATED PARENT NUMBER(S) - PN (AN):
EP 1218361 (EP 2000965172)
INTERNATIONAL PATENT CLASS: C07D-263/32; C07D-263/58; C07D-277/24; C07D-495/04; C07D-417/04; C07D-413/14; C07D-413/12; C07D-417/12; A61K-031/421; A61K-031/426; A61K-031/4439; A61P-003/10; A61P-003/06

ABSTRACT EP 1589006 A1

Compounds are provided which have structure (I), wherein Q is C or N; A is O or S; Z is O or a bond; and R1), R2), R2a), R2b), R2c), R3), Y, x, m, and n are as defined herein, which compounds are useful as antidiabetic, hypolipidemic, and antiobesity agents.
ABSTRACT WORD COUNT: 52

LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(English)	200543	1297
SPEC A	(English)	200543	36892
Total word count - document A			38189
Total word count - document B			0
Total word count - documents A + B			38189

8/3,AB/8 (Item 2 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

01913959
Combinations of sterol absorption inhibitor(s) with cardiovascular agent(s) for the **treatment** of vascular conditions
Kombinationen von einem Hemmer der Sterol-Absorption und einem kardiovaskular Agent zur Behandlung von kardiovaskularen Indikationen
Combinaisons d'un inhibiteur de l'absorption de sterol avec un agent cardio-vasculaire pour le traitement des maladies cardio-vasculaires
PATENT ASSIGNEE:
Schering Corporation, (2348511), Patent Department - K-6-1 1990, 2000 Galloping Hill Road, Kenilworth, NJ 07033-0530, (US), (Applicant designated States: all)
INVENTOR:
Kosoglou, Teddy, 2457 Primrose Court Jamison, Bucks County PA 18929-1178, (US)
Ress, Rudyard Joseph, 16 Tuccamirgan Road, Flemington NJ 08822-5910, (US)
Strony, John, 14 Cheshire Court, Lebanon NJ 08833, (US)
Veltri, Enrico P., 6 Toftrees Court, Princeton NJ 08540, (US)
Hauer, William, 70 Dock Watch Hollow Road, Warren NJ 07059, (US)
LEGAL REPRESENTATIVE:
HOFFMANN - EITLE (101511), Patent- und Rechtsanwalte Arabellastrasse 4, 81925 Munchen, (DE)
PATENT (CC, No, Kind, Date): EP 1541175 A2 050615 (Basic)
APPLICATION (CC, No, Date): EP 2005003029 020125;
PRIORITY (CC, No, Date): US 264396 P 010126; US 264600 P 010126; US 264275

P 010126; US 323842 P 010921
DESIGNATED STATES: AT; BE; CH; CY; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE; TR
EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI
RELATED PARENT NUMBER(S) - PN (AN):
EP 1385548 (EP 2002707500)
INTERNATIONAL PATENT CLASS: A61K-045/06; A61P-009/00; A61K-031/397

ABSTRACT EP 1541175 A2
The present invention provides compositions, therapeutic combinations and methods including: (a) at least one sterol absorption inhibitor and (b) at least one cardiovascular agent different from the sterol absorption inhibitor, which can be useful for treating vascular conditions, obesity, diabetes and lowering plasma levels of sterols.
ABSTRACT WORD COUNT: 47

LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(English)	200524	4204
SPEC A	(English)	200524	18654
Total word count - document A			22858
Total word count - document B			0
Total word count - documents A + B			22858

8/3,AB/9 (Item 3 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

01785151
BODY **WEIGHT GAIN** INHIBITOR
MITTEL ZUR HEMMUNG DER KORPERGEWICHTSZUNAHME
INHIBITEUR DE PRISE DE POIDS CORPOREL
PATENT ASSIGNEE:
Takeda Pharmaceutical Company Limited, (4984112), 1-1, Doshomachi 4-chome Chuo-ku Osaka-shi,, Osaka 541-0045, (JP), (Applicant designated States: all)
INVENTOR:
TERASHITA, Zen-ichi c/o Takeda Pharma.Co.Ltd, 17-85, Jusohonmachi 2-chome, Yodogawa-ku, Osaka-shi, Osaka 532-8686, (JP)
KUSUMOTO, Keiji c/o Takeda Pharmaceutical Co.Ltd, 17-85, Jusohonmachi 2-chome, Yodogawa-ku, Osaka-shi, Osaka 532-8686, (JP)
YAMAGUCHI, Fuminari c/o Takeda Pharma.Co.Ltd, 17-85, Jusohonmachi 2-chome, Yodogawa-ku, Osaka-shi, Osaka 532-8686, (JP)
IMURA, Yoshimi c/o Takeda Pharma.Co.Ltd, 17-85, Jusohonmachi 2-chome, Yodogawa-ku, Osaka-shi, Osaka 532-8686, (JP)
LEGAL REPRESENTATIVE:
Rickard, Timothy Mark Adrian (62166), Takeda Euro IP Department, 11-12 Charles II Street, London SW1Y 4QU, (GB)
PATENT (CC, No, Kind, Date): EP 1579872 A1 050928 (Basic)
WO 2004060399 040722
APPLICATION (CC, No, Date): EP 2003768195 031225; WO 2003JP16656 031225
PRIORITY (CC, No, Date): JP 2002380386 021227
DESIGNATED STATES: AT; BE; BG; CH; CY; CZ; DE; DK; EE; ES; FI; FR; GB; GR; HU; IE; IT; LI; LU; MC; NL; PT; RO; SE; SI; SK; TR
EXTENDED DESIGNATED STATES: AL; LT; LV; MK
INTERNATIONAL PATENT CLASS: A61K-045/00; A61K-031/4245; A61P-003/04; A61P-043/00; C07D-413:10

ABSTRACT EP 1579872 A1
The invention provides a pharmaceutical agent containing a compound having an angiotensin II antagonistic activity, a prodrug thereof or a salt thereof, which shows superior effect for the suppression of body weight gain. In addition, the present invention provides such a pharmaceutical agent as does not increase body weights of patients even if a therapeutically effective PPAR(gamma) agonistic substance is administered in the treatment of diabetes and other diseases.
ABSTRACT WORD COUNT: 70

LANGUAGE (Publication,Procedural,Application): English; English; Japanese
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(English)	200539	414
SPEC A	(English)	200539	10691
Total word count - document A			11105
Total word count - document B			0
Total word count - documents A + B			11105

8/3,AB/10 (Item 4 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

01760334
RECEPTOR FUNCTION **CONTROLLING** AGENT
MITTEL ZUR KONTROLLE DER REZEPTORFUNKTION
AGENT DE **CONTROLE** DE LA FONCTION RECEPTEUR
PATENT ASSIGNEE:
Takeda Pharmaceutical Company Limited, (4984112), 1-1, Doshomachi 4-chome Chuo-ku, Osaka-shi, Osaka 541-0045, (JP), (Applicant designated States: all)
INVENTOR:
FUKATSU, Kohji, 8-4, Tsukushigaoka 5-chome, Kita-ku, Kobe-shi, Hyogo 651-1212, (JP)
SASAKI, Shinobu, 5-21-409, Kamigaki-cho, Nishinomiya-shi, Hyogo 662-0865, (JP)
HINUMA, Shuji, 7-9-1402, Kasuga 1-chome, Tsukuba-shi, Ibaraki 305-0821, (JP)
ITO, Yasuaki, 36-16, Sakuragaoka-machi, Tsuchiura-shi, Ibaraki 300-0832, (JP)
SUZUKI, Nobuhiro, 16-61, Mino 4-chome, Mino-shi, Osaka 562-0001, (JP)
HARADA, Masataka, 14-5-201, Higashi 2-chome, Tsukuba-shi, Ibaraki 305-0046, (JP)
YASUMA, Tsuneo, 20-5, Takada-cho, Ibaraki-shi, Osaka 567-0011, (JP)
LEGAL REPRESENTATIVE:
Lewin, John Harvey (33036), Takeda Euro IP Department, 11-12 Charles II Street, London SW1Y 4QU, (GB)
PATENT (CC, No, Kind, Date): EP 1559422 A1 050803 (Basic)
WO 2004041266 040521
APPLICATION (CC, No, Date): EP 2003810621 031106; WO 2003JP14139 031106
PRIORITY (CC, No, Date): JP 2002324632 021108; JP 200316889 030127; JP 2003153986 030530
DESIGNATED STATES: AT; BE; BG; CH; CY; CZ; DE; DK; EE; ES; FI; FR; GB; GR; HU; IE; IT; LI; LU; MC; NL; PT; RO; SE; SI; SK; TR
EXTENDED DESIGNATED STATES: AL; LT; LV; MK
INTERNATIONAL PATENT CLASS: A61K-031/192

ABSTRACT EP 1559422 A1

The GPR40 receptor function regulator of the present invention, which comprises a compound having an aromatic ring and a group capable of releasing cation is useful as an insulin secretagogue or an agent for the prophylaxis or treatment of diabetes and the like.

ABSTRACT WORD COUNT: 44

NOTE:

Figure number on first page: NONE

LANGUAGE (Publication,Procedural,Application): English; English; Japanese

FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(English)	200531	1474
SPEC A	(English)	200531	88029
Total word count - document A			89503
Total word count - document B			0
Total word count - documents A + B			89503

8/3,AB/11 (Item 5 from file: 348)

DIALOG(R)File 348:EUROPEAN PATENTS

01722626

PYRAZOLE DERIVATIVE, MEDICINAL COMPOSITION CONTAINING THE SAME, MEDICINAL USE THEREOF, AND INTERMEDIATE FOR PRODUCTION THEREOF

PYRAZOLDERIVAT, DIESES ENTHALTENDE MEDIZINISCHE ZUSAMMENSETZUNG, MEDIZINISCHE VERWENDUNG DAVON, UND ZWISCHENPRODUKT FUR DESSEN HERSTELLUNG

DERIVE DE PYRAZOLE, COMPOSITION MEDICINALE CONTENANT CE DERIVE, UTILISATION **THERAPEUTIQUE** DE CEUX-CI ET INTERMEDIAIRE POUR LA PRODUCTION DE CETTE COMPOSITION

PATENT ASSIGNEE:

Kissei Pharmaceutical Co., Ltd., (263894), 19-48, Yoshino, Matsumoto-shi Nagano 399-8710, (JP), (Applicant designated States: all)

INVENTOR:

TERANISHI, Hirotaka, Central Research Laboratories, Kissei Pharma. Co., Ltd. 4365-1, Oaza Kashiwabara, Hotaka-machi Minamiazumi-gun,, (JP)

FUSHIMI, Nobuhiko, Central Research Laboratories, Kissei Pharma. Co., Ltd. 4365-1, Oaza Kashiwabara, Hotaka-machi Minamiazumi-gun, N, (JP)

YONEKUBO, Shigeru, Central Research Laboratories, Kissei Pharma. Co., Ltd. 4365-1, Oaza Kashiwabara, Hotaka-machi Minamiazumi-gun, N, (JP)

SHIMIZU, Kazuo, Central Research Laboratories, Kissei Pharma. Co., Ltd. 4365-1, Oaza Kashiwabara, Hotaka-machi Minamiazumi-gun, Naga, (JP)

SHIBAZAKI, Toshihide, Central Research Lab., KisseiPharm. Co., Ltd.24365-1, Oaza Kashiwabara, Hotaka-machi Minamiazumi-gun, (JP)

ISAJI, Masayuki, Central Research Laboratories, Kissei Pharma. Co., Ltd. 4365-1, Oaza Kashiwabara, Hotaka-machi Minamiazumi-gun, Nag, (JP)

LEGAL REPRESENTATIVE:

Hayes, Adrian Chetwynd et al (59313), Boult Wade Tennant, Verulam Gardens 70 Gray's Inn Road, London WC1X 8BT, (GB)

PATENT (CC, No, Kind, Date): EP 1544208 A1 050622 (Basic)
WO 2004014932 040219

APPLICATION (CC, No, Date): EP 2003784564 030807; WO 2003JP10048 030807

PRIORITY (CC, No, Date): JP 2002232074 020808; JP 2002321729 021105

DESIGNATED STATES: AT; BE; BG; CH; CY; CZ; DE; DK; EE; ES; FI; FR; GB; GR; HU; IE; IT; LI; LU; MC; NL; PT; RO; SE; SI; SK; TR

EXTENDED DESIGNATED STATES: AL; LT; LV; MK

INTERNATIONAL PATENT CLASS: C07H-017/02; A61K-031/7056; A61P-003/04; A61P-003/06; A61P-003/10; A61P-009/04; A61P-009/10; A61P-009/12;

A61P-019/06; A61P-043/00

ABSTRACT EP 1544208 A1
The present invention provides pyrazole derivatives represented by the general formula: wherein R1) represents H, an optionally substituted C1-6)) alkyl group etc.; one of Q and T represents a group represented by the general formula: or a group represented by the general formula: while the other represents an optionally substituted C1-6)) alkyl group etc.; R2) represents H, a halogen atom, OH, an optionally substituted C1-6)) alkyl group etc.; X represents a single bond, O or S; Y represents a single bond, a C1-6)) alkylene group etc. ; Z represents CO or SO2)); R4) and R5) represent H, an optionally substituted C1-6)) alkyl group etc.; and R3), R6) and R7) represent H, a halogen atom etc., pharmaceutically acceptable salts thereof or prodrugs thereof, which exhibit an excellent inhibitory activity in human SGLT1 and are useful as agents for the prevention or treatment of a disease associated with hyperglycemia such as diabetes, diabetic complications or obesity, and pharmaceutical compositions comprising the same, pharmaceutical uses thereof, and intermediates for production thereof.
ABSTRACT WORD COUNT: 169

LANGUAGE (Publication,Procedural,Application): English; English; Japanese
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(English)	200525	4339
SPEC A	(English)	200525	37316
Total word count - document A			41655
Total word count - document B			0
Total word count - documents A + B			41655

8/3,AB/12 (Item 6 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

01667068
Treatment of partial growth hormone insensitivity syndrome
Behandlung des partiellen Wachstumshormon-Unempfindlichkeitssyndroms
Traitement du syndrome d'insensibilite partielle a l'hormone de croissance
PATENT ASSIGNEE:
Genentech, Inc., (210486), 1 DNA Way, South San Francisco, CA 94080-4990, (US), (Applicant designated States: all)
INVENTOR:
Attie, Kenneth M., Rua Dick Farney, 70, Rio de Janeiro, RJ 22793-293, (BR)
Carlsson, Lena M.S., Olivedlsgatan 2, 413 10 Goteborg, (SE)
Gesundheit, Neil, 250 Portola Court, Los Altos, CA 94022, (US)
Goddard, Audrey, 1920 Mason Street, San Francisco, CA 94133, (US)
LEGAL REPRESENTATIVE:
Kiddle, Simon John et al (79861), Mewburn Ellis, York House, 23 Kingsway, London WC2B 6HP, (GB)
PATENT (CC, No, Kind, Date): EP 1369125 A1 031210 (Basic)
APPLICATION (CC, No, Date): EP 2003011410 970418;
PRIORITY (CC, No, Date): US 643212 960503
DESIGNATED STATES: AT; BE; CH; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE
RELATED PARENT NUMBER(S) - PN (AN):
EP 914148 (EP 97921307)
INTERNATIONAL PATENT CLASS: A61K-038/30; A61K-038/27; A61P-005/06;

A61K-038/30; A61K-38:27

ABSTRACT EP 1369125 A1
Methods of increasing the growth rate of a human patient having partial growth hormone insensitivity syndrome, but not Laron syndrome, are described. One such method comprises administering an effect dose of growth hormone, preferably growth hormone with a native human sequence, with or without an N-terminal methionine, to the patient. The patient is characterized as having a height of less than about -2 standard deviations below normal for age and sex, a serum level of high-affinity growth hormone binding protein that is at least 2 standard deviations below normal levels, a serum level of IGF-I that is below normal mean levels, and a serum level of growth hormone that is at least normal. In another such method, the same patient population is treated with an effective amount of IGF-I, given alone or in combination with an amount of growth hormone that is effective in combination with the IGF-I.
ABSTRACT WORD COUNT: 149
NOTE:
Figure number on first page: 21

LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(English)	200350	1117
SPEC A	(English)	200350	19663
Total word count - document A			20780
Total word count - document B			0
Total word count - documents A + B			20780

8/3,AB/13 (Item 7 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

01627645
PREVENTIVES/REMEDIES FOR URINARY DISTURBANCE
VORBEUGUNGS-/HEILMITTEL FUR BLASENSTORUNGEN
PRODUITS **PREVENTIFS**/REMEDES CONTRE LES TROUBLES URINAIRES
PATENT ASSIGNEE:
Takeda Chemical Industries, Ltd., (204702), 1-1 Doshomachi 4-chome, Chuo-ku, Osaka-shi, Osaka 541-0045, (JP), (Applicant designated States: all)
INVENTOR:
ISHIHARA, Yuji, 3-8, Yamada 3-chome, Itami-shi, Hyogo 664-0874, (JP)
ISHICHI, Yuji, 2-1-214, Shinhinodai 2-cho, Sakai-shi, Osaka 590-0143, (JP)
DOI, Takayuki, 6-18, Maruyamadori 1-chome, Abeno-ku, Osaka-shi, Osaka 545-0042, (JP)
NAGABUKURO, Hiroshi, 3-25-603, Minamieguchi 1-chome, Higashiyodogawa-ku, Osaka-shi, Osaka 533-0003, (JP)
KANZAKI, Naoyuki, 2-15-203, Taishocho, Ibaraki-shi, Osaka 567-0867, (JP)
IKEUCHI, Motoki, 9-1-102, Kotoen 1-chome, Nishinomiya-shi, Hyogo 662-0812 , (JP)
LEGAL REPRESENTATIVE:
von Kreisler, Alek, Dipl.-Chem. et al (12435), Deichmannhaus am Dom, Postfach 10 22 41, 50462 Koln, (DE)
PATENT (CC, No, Kind, Date): EP 1466625 A1 041013 (Basic)
WO 2003057254 030717
APPLICATION (CC, No, Date): EP 2002790890 021226; WO 2002JP13653 021226

PRIORITY (CC, No, Date): JP 2001402064 011228; JP 200272027 020315
DESIGNATED STATES: AT; BE; BG; CH; CY; CZ; DE; DK; EE; ES; FI; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE; SI; SK; TR
EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO
INTERNATIONAL PATENT CLASS: A61K-045/00; A61K-031/473; A61P-013/00; A61P-013/08; A61P-043/00; C07D-471/06

ABSTRACT EP 1466625 A1
Preventives/remedies for voiding disturbance containing a compound having both of an acetylcholinesterase inhibitory action and an (alpha)1 antagonistic action which exhibits an excellent effect of improving the urinary function of the bladder (i.e., effects of improving urine flow rate and voiding efficiency) without affecting the urinary pressure or the blood pressure.
ABSTRACT WORD COUNT: 52

LANGUAGE (Publication,Procedural,Application): English; English; Japanese
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(English)	200442	2163
SPEC A	(English)	200442	83626
Total word count - document A			85789
Total word count - document B			0
Total word count - documents A + B			85789

8/3,AB/14 (Item 8 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

01455180
Pen-shaped inhaling device for dispersing powdered medicaments through the respiratory tract
Stiftformige Inhalationsvorrichtung zur Abgabe von pulverformigen Medikamenten in den Atmungstrakt
Inhalateur en forme de crayon pour l'**administration** de medicaments poudreux dans les voies respiratoires
PATENT ASSIGNEE:
Pera, Ivo, (2075971), 1400 Saint Charles Plaza, Suite 315, Pembroke Pines, 33026 Hollywood (FL), (US), (Applicant designated States: all)
INVENTOR:
Pera, Ivo, 1400 Saint Charles Plaza, Suite 315, Pembroke Pines, 33026 Hollywood (FL), (US)
LEGAL REPRESENTATIVE:
Turini, Laura (156653), P.za S. Giovanni, 8, 56038 Ponsacco (PI), (IT)
PATENT (CC, No, Kind, Date): EP 1245243 A1 021002 (Basic)
APPLICATION (CC, No, Date): EP 2001107678 010328;
DESIGNATED STATES: AT; BE; CH; CY; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE; TR
EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI
INTERNATIONAL PATENT CLASS: A61M-015/00

ABSTRACT EP 1245243 A1
This invention consists of an inhaler capable of administering powdered medicaments contained in a capsule through the respiratory tract. It's a pen-shaped device formed by a container that preserves the capsules, arranged in vertical parallel lines, and a block comprising two or more separated elements inside which one capsule is placed in order to be cut or perforated by a cutting element. The powder of the capsule is so

released into a chamber with a grid lower surface that keeps the pieces of the case inside and lets only the powder pass through. Once the capsule is placed into its compartment in order to be cut, it will be sufficient to rotate an element on the other ones by means of a support. Then the user places the mouthpiece of the inhaler, separated by the container, into his/her mouth and breathes in, so that the powdered drug dispersed into the chamber can reach the lungs.

ABSTRACT WORD COUNT: 156

NOTE:

Figure number on first page: 3

LANGUAGE (Publication,Procedural,Application): English; English; English

FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(English)	200240	2383
SPEC A	(English)	200240	9121
Total word count - document A			11504
Total word count - document B			0
Total word count - documents A + B			11504

8/3,AB/15 (Item 9 from file: 348)

DIALOG(R)File 348:EUROPEAN PATENTS

01403276

Intermittent **administration** of a growth hormone secretagogue

Intermittierende Verabreichung eines Wachstumshormon-sekretionsforderers

Administration intermittente d'un secretagogue d'hormone de croissance

PATENT ASSIGNEE:

Pfizer Products Inc., (2434221), Eastern Point Road, Groton, Connecticut 06340, (US), (Applicant designated States: all)

INVENTOR:

Maclean, David Burton, Pfizer Global, Research and Development, Eastern Point Road, Groton, Connecticut 06340, (US)

LEGAL REPRESENTATIVE:

Ruddock, Keith Stephen et al (75661), Pfizer Limited, European Patent Department, Ramsgate Road, Sandwich, Kent CT13 9NJ, (GB)

PATENT (CC, No, Kind, Date): EP 1186293 A2 020313 (Basic)
EP 1186293 A3 021218

APPLICATION (CC, No, Date): EP 2001307229 010824;

PRIORITY (CC, No, Date): US 229077 P 000830

DESIGNATED STATES: AT; BE; CH; CY; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE; TR

EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI

INTERNATIONAL PATENT CLASS: A61K-031/00; A61K-031/437; A61K-031/444; A61P-003/04; A61P-003/10; A61P-009/04; A61P-019/00; A61P-019/10

ABSTRACT EP 1186293 A2

The present invention relates to the intermittent administration of a growth hormone secretagogue to a patient and to kits for use therein.

ABSTRACT WORD COUNT: 23

LANGUAGE (Publication,Procedural,Application): English; English; English

FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(English)	200211	493
SPEC A	(English)	200211	22157

Total word count - document A 22650
Total word count - document B 0
Total word count - documents A + B 22650

8/3,AB/16 (Item 10 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

01389223
Use of phytanic acid for the **treatment** of diabetes
Verwendung von Phytansaure zur Diabetesbehandlung
Utilisation de l'acide phytanique pour le traitement du diabete
PATENT ASSIGNEE:
Roche Vitamins AG, (3375670), Grenzacherstrasse 124, 4070 Basel, (CH),
(Applicant designated States: all)
INVENTOR:
Fluehmann, Beat, 23 Im Wyl, 8055 Zuerich, (CH)
Heim, Manuel, Kanalstrasse 2, 79098 Freiburg, (DE)
Hunziker, Willi, 26 Muehlemattweg, 4312 Magden, (CH)
Weber, Peter, Im Grundacker 10, 79429 Malsburg-Marzell, (DE)
LEGAL REPRESENTATIVE:
Muller, Ingrid, Dr. et al (84985), Roche Vitamins Ltd. Patent Department
(VMD) Wurmisweg 576, 4303 Kaiseraugst, (CH)
PATENT (CC, No, Kind, Date): EP 1177789 A2 020206 (Basic)
EP 1177789 A3 030129
APPLICATION (CC, No, Date): EP 2001118230 010730;
PRIORITY (CC, No, Date): EP 2000116848 000804
DESIGNATED STATES: AT; BE; CH; CY; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI;
LU; MC; NL; PT; SE; TR
EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI
INTERNATIONAL PATENT CLASS: A61K-031/20; A61P-003/04; A61P-003/06;
A61P-003/10

ABSTRACT EP 1177789 A2
This invention relates to a novel method for the treatment or prevention of preferably non-insulin dependent (NIDDM or so-called Type II) diabetes mellitus, or other conditions associated with impaired glucose tolerance such as obesity, and in particular to the use of phytanic acid derivatives for the said treatment or prevention.
ABSTRACT WORD COUNT: 51
NOTE:
Figure number on first page: NONE

LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(English)	200206	481
SPEC A	(English)	200206	4498
Total word count - document A			4979
Total word count - document B			0
Total word count - documents A + B			4979

8/3,AB/17 (Item 11 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

01382338

REGULATION OF **HUMAN** $g(a)1A?ADRENERGIC RECEPTOR-LIKE G PROTEIN-COUPLED RECEPTOR
REGULATION DES MENSCHLICHEN ALPHA-1A-ADRENERGEN REZEPTOR-AHNLICHEN G-PROTEIN GEKOPPELTEN REZEPTORS
REGULATION DU RECEPTEUR COUPLE AUX PROTEINES G DU TYPE RECEPTEUR ADRENERGIQUE $G(A)1A HUMAIN
PATENT ASSIGNEE:
Bayer HealthCare AG, (4574411), , 51368 Leverkusen, (DE), (Proprietor designated states: all)
INVENTOR:
RAMAKRISHNAN, Shyam, 76 Euston Road, Apt. 10, Brighton, MA 02135, (US)
PATENT (CC, No, Kind, Date): EP 1287137 A2 030305 (Basic)
EP 1287137 B1 050525
WO 2001088126 011122
APPLICATION (CC, No, Date): EP 2001949336 010511; WO 2001EP5383 010511
PRIORITY (CC, No, Date): US 204145 P 000515; US 250505 P 001204
DESIGNATED STATES: AT; BE; CH; CY; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE; TR
EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI
INTERNATIONAL PATENT CLASS: C12N-015/12; C12N-015/62; C07K-014/705; C12Q-001/68; G01N-033/68; A61K-031/7088; A61K-039/395
NOTE:
No A-document published by EPO
LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	200521	111
CLAIMS B	(German)	200521	106
CLAIMS B	(French)	200521	118
SPEC B	(English)	200521	16552
Total word count - document A			0
Total word count - document B			16887
Total word count - documents A + B			16887

8/3,AB/18 (Item 12 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

01358679
Method of **treating obesity** using a neurotensin receptor ligand
Methode zur Behandlung von Fettsucht anhand eines Neurotensinreceptor-Liganden
Methode pour traiter l'obesite avec un ligand du recepteur de la neurotensine
PATENT ASSIGNEE:
Pfizer Products Inc., (2434221), Eastern Point Road, Groton, Connecticut 06340, (US), (Applicant designated States: all)
INVENTOR:
Hadcock, John Richard Neville, Pfizer Global Res. and Dev., Eastern Point Road, Groton, Connecticut 06340, (US)
LEGAL REPRESENTATIVE:
Hayles, James Richard (75142), Pfizer Limited, Patents Department, Ramsgate Road, Sandwich Kent CT13 9NJ, (GB)
PATENT (CC, No, Kind, Date): EP 1157695 A1 011128 (Basic)
APPLICATION (CC, No, Date): EP 2001303855 010427;
PRIORITY (CC, No, Date): US 199951 000427
DESIGNATED STATES: AT; BE; CH; CY; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE; TR

EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI
INTERNATIONAL PATENT CLASS: A61K-031/505; A61K-038/10; A61P-003/04

ABSTRACT EP 1157695 A1
The present invention relates to methods of treating obesity, diabetes, sexual dysfunction, atherosclerosis, insulin resistance, impaired glucose tolerance, hypercholesterolemia or hypertrigylceridemia using a neurotensin receptor ligand. The present invention also relates to pharmaceutical compositions and kits that comprise a neurotensin receptor ligand.
ABSTRACT WORD COUNT: 43

LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(English)	200148	507
SPEC A	(English)	200148	14490
Total word count - document A			14997
Total word count - document B			0
Total word count - documents A + B			14997

8/3,AB/19 (Item 13 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

01319069
Methods of **treating** diabetic cardiomyopathy using glycogen phosphorylase inhibitors
Verfahren zur Behandlung von diabetischer Herzmyopathie mit Glykogen Phosphorylaseinhibitoren
Methodes de traitement de la cardiomyopathie diabetique avec des inhibiteurs de la phosphorylase du glycogene
PATENT ASSIGNEE:
Pfizer Products Inc., (2434221), Eastern Point Road, Groton, Connecticut 06340, (US), (Applicant designated States: all)
INVENTOR:
Treadway, Judith Lee, Pfizer Global and Dev., Eastern Point Road, Groton, Connecticut 06340, (US)
LEGAL REPRESENTATIVE:
Wood, David John et al (37882), PFIZER LIMITED, European Patents Department, Ramsgate Road,, Sandwich, Kent CT13 9NJ, (GB)
PATENT (CC, No, Kind, Date): EP 1125580 A2 010822 (Basic)
EP 1125580 A3 021127
APPLICATION (CC, No, Date): EP 2001300575 010123;
PRIORITY (CC, No, Date): US 177770 P 000124
DESIGNATED STATES: AT; BE; CH; CY; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE; TR
EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI
INTERNATIONAL PATENT CLASS: A61K-031/00; A61K-031/404; A61K-031/4439; A61K-031/454; A61K-031/407; A61K-031/427; A61K-031/695; A61K-031/5377; A61K-031/496; A61K-031/5355; A61P-009/02; A61P-009/10

ABSTRACT EP 1125580 A2
The present invention provides methods of treating diabetic cardiomyopathy, the methods comprising administering to a patient having or at risk of having diabetic cardiomyopathy a therapeutically effective amount of a glycogen phosphorylase inhibitor. The present invention also provides methods of treating diabetic cardiomyopathy, the methods

comprising administering to a patient having 1) diabetes and 2) having cardiovascular disease, ischemic heart disease, congestive heart failure, congestive heart failure but not having coronary arteriosclerosis, hypertension, diastolic blood pressure abnormalities, microvascular diabetic complications, abnormal left ventricular function, myocardial fibrosis, abnormal cardiac function, pulmonary congestion, small vessel disease, small vessel disease without atherosclerotic cardiovascular disease or luminal narrowing, coagulopathy, cardiac contusion, or having had or at risk of having a myocardial infarction a therapeutically effective amount of a glycogen phosphorylase inhibitor.
ABSTRACT WORD COUNT: 128

LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(English)	200134	517
SPEC A	(English)	200134	18463
Total word count - document A			18980
Total word count - document B			0
Total word count - documents A + B			18980

8/3,AB/20 (Item 14 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

01301290
BODY **WEIGHT GAIN** INHIBITORS
INHIBITOREN DER KOERPERGEWICHTSZUNAHME
INHIBITEURS DE PRISE DE POIDS
PATENT ASSIGNEE:
Takeda Chemical Industries, Ltd., (204702), 1-1 Doshomachi 4-chome, Chuo-ku, Osaka-shi, Osaka 541-0045, (JP), (Applicant designated States: all)
INVENTOR:
SUGIYAMA, Yasuo, 7-2, Daiwahigashi 5-chome, Kawanishi-shi, Hyogo 666-0111, (JP)
ODAKA, Hiroyuki, 12-12, Katsuragi 2-chome, Kita-ku, Kobe-shi, Hyogo 651-1223, (JP)
KIMURA, Hiroyuki, 2-20-808, Ohamanakamachi 1-cho, Sakai-shi, Osaka 590-0975, (JP)
LEGAL REPRESENTATIVE:
Wright, Robert Gordon McRae et al (55363), Elkington & Fife, Prospect House, 8 Pembroke Road, Sevenoaks, Kent TN13 1XR, (GB)
PATENT (CC, No, Kind, Date): EP 1304121 A1 030423 (Basic)
WO 2001034200 010517
APPLICATION (CC, No, Date): EP 2000974859 001109; WO 2000JP7879 001109
PRIORITY (CC, No, Date): JP 99320319 991110
DESIGNATED STATES: AT; BE; CH; CY; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE; TR
EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI
INTERNATIONAL PATENT CLASS: A61K-045/00; C07D-263/32; A61K-031/421; A61K-031/195; A61K-031/235; A61P-003/10; A61P-003/04

ABSTRACT EP 1304121 A1
An agent for inhibiting body weight gain derived from a PPAR(gamma) agonist-like substance, which contains a PPAR(delta) agonist-like substance, is useful for the treatment of diabetes and the like.
ABSTRACT WORD COUNT: 30

LANGUAGE (Publication,Procedural,Application): English; English; Japanese
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(English)	200317	378
SPEC A	(English)	200317	13786
Total word count - document A			14164
Total word count - document B			0
Total word count - documents A + B			14164

8/3,AB/21 (Item 15 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

01190195
NOVEL EXENDIN AGONIST FORMULATIONS AND METHODS OF **ADMINISTRATION** THEREOF
NEUE EXENDIN AGONIST FORMULIERUNGEN UND DEREN VERABREICHUNG
NOUVELLES FORMULATIONS D'AGONISTES DE L'EXENDINE ET MODES D' **ADMINISTRATION**
PATENT ASSIGNEE:
AMYLIN PHARMACEUTICALS, INC., (970304), 9373 Towne Centre Drive, San Diego, California 92121, (US), (Proprietor designated states: all)
INVENTOR:
YOUNG, Andrew, P.O. Box 60591, Point Loma, CA 92166, (US)
L'ITALIEN, James, J., 15752 Caminito Canteras, Del Mar, CA 92014, (US)
KOLTERMAN, Orville, 15793 Hidden Valley Drive, Poway, CA 92064, (US)
LEGAL REPRESENTATIVE:
Duckworth, Timothy John et al (75911), J.A. Kemp & Co., 14 South Square, Gray's Inn, London WC1R 5JJ, (GB)
PATENT (CC, No, Kind, Date): EP 1140145 A2 011010 (Basic)
EP 1140145 B1 050706
WO 2000041546 000720
APPLICATION (CC, No, Date): EP 2000914425 000114; WO 2000US902 000114
PRIORITY (CC, No, Date): US 116380 P 990114; US 175365 P 000110
DESIGNATED STATES: AT; BE; CH; CY; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE
EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI
RELATED DIVISIONAL NUMBER(S) - PN (AN):
(EP 2005009873)
INTERNATIONAL PATENT CLASS: A61K-038/22; A61K-009/08; A61K-009/19; A61P-003/10; A61P-005/50; C07K-014/575
NOTE:
No A-document published by EPO
LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	200527	1337
CLAIMS B	(German)	200527	1264
CLAIMS B	(French)	200527	1477
SPEC B	(English)	200527	35226
Total word count - document A			0
Total word count - document B			39304
Total word count - documents A + B			39304

8/3,AB/22 (Item 16 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

01139455
BLOOD SUGAR LEVEL **CONTROLLING** AGENT
WIRKSTOFF ZUR KONTROLLE DES BLUTZUCKERSPIEGELS
AGENT DE REGULATION DU TAUX DE GLYCEMIE
PATENT ASSIGNEE:
Sumitomo Pharmaceuticals Company, Limited, (653535), 2-8, Doshomachi 2-chome, Chuo-ku, Osaka 541-8510, (JP), (Applicant designated States: all)
INVENTOR:
NAKAGAWA, Tsutomu, 2-10-4-446, Sonehigashi-machi, Toyonaka-shi, Osaka 561-0802, (JP)
TAIJI, Mutsuo, 3-23-3, Kamihamuro, Takatsuki-shi, Osaka 569-1044, (JP)
NAKAYAMA, Chikao, 3-27-2-6-104, Akashiadai, Sanda-shi, Hyogo 669-1323, (JP)
NOGUCHI, Hiroshi, 4-4-153, Seiwadai-nishi, Kawanishi-shi, Hyogo 666-0143, (JP)
LEGAL REPRESENTATIVE:
VOSSIUS & PARTNER (100314), Siebertstrasse 4, 81675 Munchen, (DE)
PATENT (CC, No, Kind, Date): EP 1106182 A1 010613 (Basic)
WO 200009147 000224
APPLICATION (CC, No, Date): EP 99937009 990810; WO 99JP4322 990810
PRIORITY (CC, No, Date): JP 98226442 980811
DESIGNATED STATES: AT; BE; CH; CY; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE
EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI
INTERNATIONAL PATENT CLASS: A61K-038/18; A61K-045/00

ABSTRACT EP 1106182 A1
A blood glucose level controlling agent for a diabetic patient to be insulinized, which comprises as the active ingredient an insulin receptor agonist and a neurotrophin; a use of these two ingredients in preparation of said blood glucose level controlling agent; and a method for controlling the blood glucose level of a diabetic patient within the normal range by using these two ingredients. By administering the pharmaceutical composition of the present invention for controlling the blood glucose lever of a patient to be insulinized, the effect of insulin is enhanced, while side effects thereof such as hypoglycemic shock are eased, thereby also enabling improvement in the compliance.
ABSTRACT WORD COUNT: 108
NOTE:
Figure number on first page: NONE

LANGUAGE (Publication,Procedural,Application): English; English; Japanese
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(English)	200124	457
SPEC A	(English)	200124	5876
Total word count - document A			6333
Total word count - document B			0
Total word count - documents A + B			6333

8/3,AB/23 (Item 17 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

01133911

USE OF CREATINE COMPOUNDS FOR **TREATMENT** OF BONE OR CARTILAGE CELLS AND TISSUES
VERWENDUNG VON KREATINSUBSTANZEN ZUR BEHANDLUNG VON KNOCHEN- UND KNORPELZELLEN UND GEWEBEN
UTILISATION DE COMPOSES A BASE DE CREATINE POUR TRAITER LES CELLULES ET LES TISSUS OSSEUX ET CARTILAGINEUX
PATENT ASSIGNEE:
SYNTHES AG Chur, (659282), Grabenstrasse 15, 7002 Chur, (CH), (Proprietor designated states: all)
INVENTOR:
WALLIMANN, Theo, Schurmattstrasse 23, CH-8963 Kindhausen, (CH)
GERBER, Isabel, Dorfstrasse 9, CH-7260 Davos Dorf, (CH)
LEGAL REPRESENTATIVE:
Lusuardi, Werther Giovanni, Dr. et al (26001), Dr. Lusuardi AG, Kreuzbuhlstrasse 8, 8008 Zurich, (CH)
PATENT (CC, No, Kind, Date): EP 1100488 A1 010523 (Basic)
EP 1100488 B1 030423
WO 2000006150 000210
APPLICATION (CC, No, Date): EP 98942645 980728; WO 98EP4713 980728
DESIGNATED STATES: AT; BE; CH; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; NL; PT; SE
INTERNATIONAL PATENT CLASS: A61K-031/195; A61P-019/00; A61P-019/10
NOTE:
No A-document published by EPO
LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	200317	2569
CLAIMS B	(German)	200317	2570
CLAIMS B	(French)	200317	2931
SPEC B	(English)	200317	9500
Total word count - document A			0
Total word count - document B			17570
Total word count - documents A + B			17570

8/3,AB/24 (Item 18 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

01003063
COMPOSITIONS COMPRISING CONJUGATES OF STABLE, ACTIVE, **HUMAN** OB PROTEIN WITH IMMUNOGLOBULIN FC CHAIN AND METHODS
ZUSAMMENSETZUNGEN AUS KONJUGATEN DES STABILEN, AKTIVEN, MENSCHLICHEN OB PROTEINS MIT DER FC KETTE VON IMMUNOGLOBULINEN UND DAMIT ZUSAMMENHANGENDE VERFAHREN
COMPOSITIONS COMPRENANT DES CONJUGUES DE PROTEINE OB HUMAINE, ACTIVE, STABLE AVEC UNE CHAINE FC D'IMMUNOGLOBULINS ET LEURS PROCEDES
PATENT ASSIGNEE:
Amgen Inc., (2570213), One Amgen Center Drive, Thousand Oaks, CA 91320-1799, (US), (Proprietor designated states: all)
INVENTOR:
BREMS, David, N., 3778 Calle Clara Vista, Newbury Park, CA 91320, (US)
FRENCH, Donna, L., 11867 Tuscana Court, Moorpark, CA 93021, (US)
SPEED, Margaret, A., 172 Donegal, Newbury Park, CA 91320, (US)
LEGAL REPRESENTATIVE:
Richardson, Kate et al (80182), Forrester & Boehmert, Pettenkoferstrasse 20-22, 80336 Munchen, (DE)
PATENT (CC, No, Kind, Date): EP 977583 A1 000209 (Basic)

EP 977583 B1 020904
WO 98046257 981022
APPLICATION (CC, No, Date): EP 98918399 980416; WO 98US7828 980416
PRIORITY (CC, No, Date): US 843971 970417; US 59467 980414
DESIGNATED STATES: AT; BE; CH; CY; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE
EXTENDED DESIGNATED STATES: AL; LT; LV; MK; RO; SI
INTERNATIONAL PATENT CLASS: A61K-038/22
NOTE:
No A-document published by EPO
LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	200236	497
CLAIMS B	(German)	200236	463
CLAIMS B	(French)	200236	546
SPEC B	(English)	200236	5850
Total word count - document A			0
Total word count - document B			7356
Total word count - documents A + B			7356

8/3,AB/25 (Item 19 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

00969230
METHODS AND COMPOSITIONS FOR **TREATING** PAIN
VERFAHREN UND MITTEL ZUR SCHMERZBEHANDLUNG
METHODES ET COMPOSITIONS POUR LE TRAITEMENT DE LA DOULEUR
PATENT ASSIGNEE:
Amylin Pharmaceuticals, Inc., (970306), 9360 Towne Centre Drive, San Diego, CA 92121, (US), (Proprietor designated states: all)
INVENTOR:
YOUNG, Andrew, A., P.O. Box 60591, Point Loma, CA 92166, (US)
LEGAL REPRESENTATIVE:
Duckworth, Timothy John (75911), J.A. Kemp & Co., 14 South Square, Gray's Inn, London WC1R 5JJ, (GB)
PATENT (CC, No, Kind, Date): EP 964695 A1 991222 (Basic)
EP 964695 B1 050615
WO 1998026796 980625
APPLICATION (CC, No, Date): EP 97949809 971212; WO 97US23015 971212
PRIORITY (CC, No, Date): US 767169 961216
DESIGNATED STATES: AT; BE; CH; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE
INTERNATIONAL PATENT CLASS: A61K-038/22
NOTE:
No A-document published by EPO
LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	200524	376
CLAIMS B	(German)	200524	354
CLAIMS B	(French)	200524	424
SPEC B	(English)	200524	9905
Total word count - document A			0
Total word count - document B			11059
Total word count - documents A + B			11059

8/3,AB/26 (Item 20 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

00904541
TREATMENT OF PARTIAL GROWTH HORMONE INSENSITIVITY SYNDROME
BEHANDLUNG DES PARTIELLEN WACHSTUMSHORMON-UNEMPFINDLICHKEITSSYNDROMS
TRAITEMENT DU SYNDROME D'INSENSIBILITE PARTIELLE A L'HORMONE DE CROISSANCE
PATENT ASSIGNEE:
Genentech, Inc., (210486), 1 DNA Way, South San Francisco, CA 94080-4990, (US), (Proprietor designated states: all)
INVENTOR:
ATTIE, Kenneth, M., 132 Clarendon Avenue, San Francisco, CA 94114, (US)
CARLSSON, Lena, M., S., Olivedalsgatan 2, S-413 10 Goteborg, (SE)
GESUNDHEIT, Neil, 250 Portola Court, Los Altos, CA 94022, (US)
GODDARD, Audrey, 110 Congo Street, San Francisco, CA 94130, (US)
LEGAL REPRESENTATIVE:
Cripps, Joanna Elizabeth et al (89381), Mewburn Ellis York House 23 Kingsway, London WC2B 6HP, (GB)
PATENT (CC, No, Kind, Date): EP 914148 A1 990512 (Basic)
EP 914148 B1 030806
WO 97041887 971113
APPLICATION (CC, No, Date): EP 97921307 970418; WO 97US6652 970418
PRIORITY (CC, No, Date): US 643212 960503
DESIGNATED STATES: AT; BE; CH; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE
RELATED DIVISIONAL NUMBER(S) - PN (AN):
(EP 2003011410)
INTERNATIONAL PATENT CLASS: A61K-038/30; A61K-038/27; A61K-038/30; A61K-38:27
NOTE:
No A-document published by EPO
LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	200332	109
CLAIMS B	(German)	200332	108
CLAIMS B	(French)	200332	133
SPEC B	(English)	200332	21576
Total word count - document A			0
Total word count - document B			21926
Total word count - documents A + B			21926

8/3,AB/27 (Item 21 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

00843868
FUNCTIONAL ROLE OF ADRENOMEDULLIN (AM) AND THE GENE-RELATED PRODUCT (PAMP) IN **HUMAN** PATHOLOGY AND PHYSIOLOGY
FUNKTIONELLE ROLLE VON ADRENOMEDULLIN(AM) UND DEM GEN-VERWANDTEN PRODUKT(PAMP) IN DER MENSCHLICHEN PATHOLOGIE UND PHYSIOLOGIE
ROLE FONCTIONNEL DE L'ADRENOMEDULLINE (AM) ET DU PRODUIT APPARENTE A UN GENE (PAMP) EN PATHOLOGGIE ET PHYSIOLOGIE CHEZ L'HOMME
PATENT ASSIGNEE:
THE GOVERNMENT OF THE UNITED STATES OF AMERICA, as represented by THE SECRETARY OF THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, (304191),

National Institute of Health, Office of Technology Transfer, 6011 Executive Boulevard, Suite 325, Rockville, MD 20852-3804, (US), (applicant designated states: AT;BE;CH;DE;DK;ES;FI;FR;GB;GR;IE;IT;LI;LU;MC;NL;PT;SE)
INVENTOR:
CUTTITTA, Frank, 7908 Hope Valley Court, Adamstown, MD 21710, (US)
MARTINEZ, Alfredo, 1231 Otis Street, N.E., Washington, DC 20017, (US)
MILLER, Mae, Jean, 4013 Middleton Drive, Monrovia, MD 20850, (US)
UNSWORTH, Edward, J., 4414 Glenridge Street, Kensington, MD 20895, (US)
HOOK, William, 4008 Jeffry Street, Wheaton, MD 20906, (US)
WALSH, Thomas, 6006 Roosevelt Street, Bethesda, MD 20817, (US)
GRAY, Karen, 18700 Walkers Choice Drive, Gaithersburg, MD 20879, (US)
MACRI, Charles, 3302 Saul Road, Kensington, MD 20895, (US)
LEGAL REPRESENTATIVE:
Vossius, Volker, Dr. et al (12524), Dr. Volker Vossius, Patentanwaltskanzlei - Rechtsanwaltskanzlei, Holbeinstrasse 5, 81679 Munchen, (DE)
PATENT (CC, No, Kind, Date): EP 845036 A1 980603 (Basic)
EP 845036 B1 990602
WO 9707214 970227
APPLICATION (CC, No, Date): EP 96928205 960816; WO 96US13286 960816
PRIORITY (CC, No, Date): US 2514 950818; US 2936 950830; US 13172 960312
DESIGNATED STATES: AT; BE; CH; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE
INTERNATIONAL PATENT CLASS: C12N-015/16; C07K-014/575; C07K-007/06; C07K-007/08; C07K-016/26; A61K-038/08; A61K-038/10; A61K-038/22; A61K-039/395; G01N-033/53; C12Q-001/68;
NOTE:
No A-document published by EPO
LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	9922	690
CLAIMS B	(German)	9922	631
CLAIMS B	(French)	9922	774
SPEC B	(English)	9922	17883
Total word count - document A			0
Total word count - document B			19978
Total word count - documents A + B			19978

8/3,AB/28 (Item 22 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

00829295
TREATMENT OF TYPE II DIABETES MELLITUS WITH **AMYLIN** AGONISTS
BEHANDLUNG DES TYP II-DEABETES MELLITUS MIT **AMYLINAGONISTEN**
TRAITEMENT DU DIABETE SUCRE DE TYPE II AU MOYEN D'AGONISTES D'AMYLINE
PATENT ASSIGNEE:
AMYLIN PHARMACEUTICALS, INC., (1533970), 9373 Town Centre Drive, Suite 250, San Diego, CA 92121, (US), (Proprietor designated states: all)
INVENTOR:
KOLTERMAN, Orville G., 15793 Hidden Valley Drive, Poway, CA 92064, (US)
THOMPSON, Robert G., 5330 Soledad Mountain Road, San Diego, CA 92109, (US)
MULLANE, John F., 1860 Rossini Drive, Cardiff, California 92007, (US)
LEGAL REPRESENTATIVE:
Goldin, Douglas Michael et al (31061), J.A. KEMP & CO. 14 South Square

Gray's Inn, London WC1R 5JJ, (GB)
PATENT (CC, No, Kind, Date): EP 772451 A1 970514 (Basic)
EP 772451 A1 980930
EP 772451 B1 021204
WO 96040220 961219
APPLICATION (CC, No, Date): EP 96921467 960607; WO 96US9875 960607
PRIORITY (CC, No, Date): US 483188 950607
DESIGNATED STATES: AT; BE; CH; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE
INTERNATIONAL PATENT CLASS: A61K-038/23; A61K-038/22; A61P-003/08
NOTE:
No A-document published by EPO
Figure number on first page: NONE
LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	200249	301
CLAIMS B	(German)	200249	286
CLAIMS B	(French)	200249	330
SPEC B	(English)	200249	6817
Total word count - document A			0
Total word count - document B			7734
Total word count - documents A + B			7734

8/3,AB/29 (Item 23 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

00820569
INHIBITION OF **AMYLIN** RELEASE
INHIBIERUNG DER AMULIN-FREISETZUNG
INHIBITION DE LA LIBERATION D'AMYLINE
PATENT ASSIGNEE:
University of Buckingham, (2237270), Hunter Street, Buckingham MK18 1AG, (GB), (Proprietor designated states: all)
INVENTOR:
DUNMORE, Simon Jon, University of Buckingham, Hunter Street, Buckingham MK18 1AG, (GB)
DAVENPORT, Michelle, University of Buckingham, Hunter Street, Buckingham MK18 1AG, (GB)
CAWTHORNE, Michael Anthony, University of Buckingham, Hunter Street, Buckingham MK18 1AG, (GB)
LEGAL REPRESENTATIVE:
Cockbain, Julian, Dr. et al (52641), Frank B. Dehn & Co., European Patent Attorneys, 179 Queen Victoria Street, London EC4V 4EL, (GB)
PATENT (CC, No, Kind, Date): EP 829011 A1 980318 (Basic)
EP 829011 B1 020828
WO 96035950 961114
APPLICATION (CC, No, Date): EP 96914208 960511; WO 96EP2064 960511
PRIORITY (CC, No, Date): US 440061 950512
DESIGNATED STATES: AT; BE; CH; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE
EXTENDED DESIGNATED STATES: AL; LT; LV; SI
INTERNATIONAL PATENT CLASS: G01N-033/50; A61K-038/31
NOTE:
No A-document published by EPO
LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	200235	616
CLAIMS B	(German)	200235	555
CLAIMS B	(French)	200235	728
SPEC B	(English)	200235	4547
Total word count - document A			0
Total word count - document B			6446
Total word count - documents A + B			6446

8/3,AB/30 (Item 24 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

00810315
HETEROCYCLIC COMPOUNDS FOR **TREATING** DIABETES
HETEROCYCLISCHE VERBINDUNGEN FUR DIABETEBEHANDLUNG
COMPOSES HETEROCYCLIQUES POUR LE TRAITEMENT DU DIABETE
PATENT ASSIGNEE:
NOVO NORDISK A/S, (231781), Novo Alle, 2880 Bagsvaerd, (DK), (Proprietor designated states: all)
INVENTOR:
MADSEN, Peter, Ulvebjerg 7, DK-2880 Bagsvaerd, (DK)
ANDERSEN, Knud, Erik, Noddelungen 122, DK-2765 Smorum, (DK)
DORWALD, Florenzio, Zaragossa, Hojagerparken 30,1, DK-2750 Ballerup, (DK)
JORGENSEN, Tine, Krogh, Stavnsbjerg Alle 80, DK-2730 Herlev, (DK)
ANDERSEN, Henrik, Sune, Kastelsvej 24 st.th., DK-2100 Kobenhavn, (DK)
HOHLWEG, Rolf, Nybovej 6, DK-3490 Kvistgaard, (DK)
OLSEN, Uffe, Bang, Horsbred 111, DK-2625 Vallensbaek, (DK)
LEGAL REPRESENTATIVE:
Madsen, Inger Margrethe Schelde et al (63023), Novo Nordisk A/S, Health Care Patents, Novo Alle, 2880 Bagsvaerd, (DK)
PATENT (CC, No, Kind, Date): EP 820443 A1 980128 (Basic)
EP 820443 B1 010919
WO 9631481 961010
APPLICATION (CC, No, Date): EP 96909078 960401; WO 96DK141 960401
PRIORITY (CC, No, Date): DK 95407 950407; DK 951002 950911
DESIGNATED STATES: AT; BE; CH; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU; NL; PT; SE
INTERNATIONAL PATENT CLASS: C07D-223/28; A61K-031/55
NOTE:
No A-document published by EPO
LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	200138	1072
CLAIMS B	(German)	200138	1020
CLAIMS B	(French)	200138	1342
SPEC B	(English)	200138	5691
Total word count - document A			0
Total word count - document B			9125
Total word count - documents A + B			9125

8/3,AB/31 (Item 25 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

00810213

HETEROCYCLIC COMPOUNDS FOR USE IN THE **TREATMENT** OF NEUROGENIC INFLAMMATION
HETEROCYCLISCHE VERBINDUNGEN ZUR BEHANDLUNG VON NEUROGENER ENTZUNDUNG
COMPOSES HETEROCYCLIQUES UTILES DANS LE TRAITEMENT D'UNE INFLAMMATION NEUROGENIQUE

PATENT ASSIGNEE:
NOVO NORDISK A/S, (231781), Novo Alle, 2880 Bagsvaerd, (DK), (Proprietor designated states: all)
INVENTOR:
ANDERSEN, Henrik, Sune, Kastelsvej 24 st. th., DK-2100 Kobenhavn, (DK)
ANDERSEN, Knud, Erik, Noddelunden 122, DK-2765 Smorum, (DK)
HOHLWEG, Rolf, Nybovej 6, DK-3490 Kvistgaard, (DK)
MADSEN, Peter, Ulvebjerg 7, DK-2880 Bagsvaerd, (DK)
JORGENSEN, Tine, Krogh, Stavnsbjerg Alle 80, DK-2730 Herlev, (DK)
OLSEN, Uffe, Bang, Horsbred 111, DK-2625 Vallensbaek, (DK)
LEGAL REPRESENTATIVE:
Madsen, Inger Margrethe Schelde et al (63023), Novo Nordisk A/S, Health Care Patents, Novo Alle, 2880 Bagsvaerd, (DK)

PATENT (CC, No, Kind, Date): EP 869954 A1 981014 (Basic)
EP 869954 B1 010919
WO 9631499 961010
APPLICATION (CC, No, Date): EP 96907328 960401; WO 96DK140 960401
PRIORITY (CC, No, Date): DK 95406 950407; DK 951003 950911
DESIGNATED STATES: AT; BE; CH; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU; NL; PT; SE
INTERNATIONAL PATENT CLASS: C07D-401/06; C07D-417/06; C07D-409/06; C07D-211/60; A61K-031/55
NOTE:
No A-document published by EPO
LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	200138	742
CLAIMS B	(German)	200138	659
CLAIMS B	(French)	200138	824
SPEC B	(English)	200138	6140
Total word count - document A			0
Total word count - document B			8365
Total word count - documents A + B			8365

8/3,AB/32 (Item 26 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

00759114
Use of 3-guanidinopropionic acid in the **treatment** and **prevention** of metabolic disorders
Verwendung von 3-Guanidinopropionsaure zur Behandlung und Pravention von Stoffwechselkrankheiten
Utilisation de l'acide 3-guanidinopropionique pour le traitement et la **prevention** de troubles metaboliques

PATENT ASSIGNEE:
THE UPJOHN COMPANY, (230490), 301 Henrietta Street, Kalamazoo, Michigan 49001, (US), (applicant designated states: AT;BE;CH;DE;DK;ES;FR;GB;GR;IT;LI;LU;NL;SE)
INVENTOR:
Meglasson, Martin Durham, 5337 Whippoorwill, Kalamazoo, Michigan 49002, (US)

LEGAL REPRESENTATIVE:
Perry, Robert Edward (41331), GILL JENNINGS & EVERY Broadgate House 7 Eldon Street, London EC2M 7LH, (GB)
PATENT (CC, No, Kind, Date): EP 713699 A2 960529 (Basic)
EP 713699 A3 960710
APPLICATION (CC, No, Date): EP 95117214 910227;
PRIORITY (CC, No, Date): US 486615 900228; PC US 910122
DESIGNATED STATES: AT; BE; CH; DE; DK; ES; FR; GB; GR; IT; LI; LU; NL; SE
RELATED PARENT NUMBER(S) - PN (AN):
EP 517820 (EP 919059212)
INTERNATIONAL PATENT CLASS: A61K-031/195;

ABSTRACT EP 713699 A3
The present invention provides a method for treating or preventing certain metabolic disorders comprising the systemic administration of 3-guanidinopropionic acid.
ABSTRACT WORD COUNT: 28

LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(English)	EPAB96	179
SPEC A	(English)	EPAB96	3720
Total word count - document A			3899
Total word count - document B			0
Total word count - documents A + B			3899

8/3,AB/33 (Item 27 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

00756468
Human and murine galanin receptor
Menschlicher und muriner Galanin Rezeptor
Recepteur de la galanine murin et humain
PATENT ASSIGNEE:
Takeda Chemical Industries, Ltd., (204702), 1-1 Doshomachi 4-chome, Chuo-ku, Osaka-shi, Osaka 541, (JP), (applicant designated states: AT;BE;CH;DE;DK;ES;FR;GB;GR;IE;IT;LI;LU;NL;PT;SE)
INVENTOR:
Hinuma, Shuji, 7-9-1402, Kasuga 1-chome, Tsukuba, Ibaraki 305, (JP)
Fujii, Ryo, 7-9-303, Kasuga 1-chome, Tsukuba, Ibaraki 305, (JP)
Fukusumi, Shoji, 17-6-302, Namiki 3-chome, Tsukuba, Ibaraki 305, (JP)
Ohtaki, Tetsuya, 7-9-802, Kasuga 1-chome, Tsukuba, Ibaraki 305, (JP)
Hosoya, Masaki, 711-83, Itaya 1-chome, Tsuchiura, Ibaraki 300, (JP)
Ohgi, Kazuhiro, 16-1-206, Umezono 2-chome, Tsukuba, Ibaraki 305, (JP)
Onda, Haruo, 5-26, Shimotakatsu 4-chome, Tsuchiura, Ibaraki 300, (JP)
LEGAL REPRESENTATIVE:
von Kreisler, Alek, Dipl.-Chem. et al (12434), Patentanwalte von Kreisler-Selting-Werner Postfach 10 22 41, 50462 Koln, (DE)
PATENT (CC, No, Kind, Date): EP 711830 A2 960515 (Basic)
EP 711830 A3 970611
APPLICATION (CC, No, Date): EP 95115996 951011;
PRIORITY (CC, No, Date): JP 94247599 941013; JP 94326610 941228; JP 95134412 950531
DESIGNATED STATES: AT; BE; CH; DE; DK; ES; FR; GB; GR; IE; IT; LI; LU; NL; PT; SE
INTERNATIONAL PATENT CLASS: C12N-015/12; C07K-014/72; C12N-005/10;

G01N-033/68; C07K-014/575;

ABSTRACT EP 711830 A2
Galanin receptor proteins, production and use thereof including screening of galanin receptor agonists and antagonists are provided. Galanin receptor proteins, etc. or salts thereof, partial peptides thereof, DNAs coding for the above galanin receptor protein, processes for producing the above receptor protein, methods of screening for a galanin receptor agonist and/or antagonist or screening kits therefor, agonist and/or antagonist compounds or salts thereof obtained by the above screening method or the screening kit, pharmaceutical compositions containing the above compound or its salt, and antibodies against the above receptor protein are provided. It is allowable to efficiently screen a galanin receptor agonist or antagonist by using the galanin receptor protein, the partial peptide thereof, the galanin receptor protein-encoding DNA, the receptor protein-containing cell or its membrane fraction. The pharmaceuticals thus screened or characterized permits various applications including prophylactic and/or therapeutic treatments against a variety of diseases, e.g., stomach ulcer, diabetes, Alzheimer's disease, dementia, etc. and a sedative.

ABSTRACT WORD COUNT: 182

LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(English)	EPAB96	290
SPEC A	(English)	EPAB96	34446
Total word count - document A			34736
Total word count - document B			0
Total word count - documents A + B			34736

8/3,AB/34 (Item 28 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

00732435
TREATMENT OF PARTIAL GROWTH HORMONE INSENSITIVITY SYNDROME
BEHANDLUNG DES PARTIELLEN WACHSTUMSHORMON-UNEMPFINDLICHKEITSSYNDROMES
TRAITEMENT DU SYNDROME D'INSENSIBILITE PARTIELLE A L'HORMONE DE CROISSANCE
PATENT ASSIGNEE:
GENENTECH, INC., (210485), 460 Point San Bruno Boulevard, South San Francisco, CA 94080-4990, (US), (Proprietor designated states: all)
INVENTOR:
ATTIE, Kenneth, 132 Clarendon Avenue, San Francisco, CA 94114, (US)
CARLSSON, Lena, M., S., Olivedalsgatan 2, S-413 10 Goteborg, (SE)
GESUNDHEIT, Neil, 250 Portola Court, Los Altos, CA 94022, (US)
GODDARD, Audrey, 1920 Mason Street, San Francisco, CA 94133, (US)
LEGAL REPRESENTATIVE:
Kiddle, Simon John (79861), Mewburn Ellis, York House, 23 Kingsway, London WC2B 6HP, (GB)
PATENT (CC, No, Kind, Date): EP 754048 A1 970122 (Basic)
EP 754048 B1 010718
WO 9527495 951019
APPLICATION (CC, No, Date): EP 95914872 950324; WO 95US3731 950324
PRIORITY (CC, No, Date): US 224982 940407
DESIGNATED STATES: AT; BE; CH; DE; DK; ES; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE

INTERNATIONAL PATENT CLASS: A61K-038/00; C07K-014/65
NOTE:
No A-document published by EPO
LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	200129	425
CLAIMS B	(German)	200129	377
CLAIMS B	(French)	200129	465
SPEC B	(English)	200129	17332
Total word count - document A			0
Total word count - document B			18599
Total word count - documents A + B			18599

8/3,AB/35 (Item 29 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

00613566
ANTIBODY ASSAY FOR **AMYLIN**
ANTIKORPER-TESTBESTECK ZUR BESTIMMUNG VON **AMYLIN**
DISPOSITIF DE DETECTION DE L'AMYLINE UTILISANT DES ANTICORPS
PATENT ASSIGNEE:
AMYLIN PHARMACEUTICALS, INC., (1533970), 9373 Town Centre Drive, Suite 250, San Diego, CA 92121, (US), (Proprietor designated states: all)
INVENTOR:
PHELPS, Julie, L., 11264 Dalby Place, San Diego, CA 92126, (US)
BLASE, Erich, K., 4212 Hilldale Road, San Diego, CA 92116, (US)
KODA, Joy, E., 10264 Meadowview Drive, San Diego, CA 92181, (US)
LEGAL REPRESENTATIVE:
Duckworth, Timothy John (75911), J.A. Kemp & Co., 14 South Square, Gray's Inn, London WC1R 5JJ, (GB)
PATENT (CC, No, Kind, Date): EP 594843 A1 940504 (Basic)
EP 594843 B1 041103
WO 1993023435 931125
APPLICATION (CC, No, Date): EP 93913922 930517; WO 93US4651 930517
PRIORITY (CC, No, Date): US 883754 920515
DESIGNATED STATES: AT; BE; CH; DE; DK; ES; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE
INTERNATIONAL PATENT CLASS: C07K-016/18; G01N-033/577
NOTE:
No A-document published by EPO
LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	200445	325
CLAIMS B	(German)	200445	296
CLAIMS B	(French)	200445	328
SPEC B	(English)	200445	2269
Total word count - document A			0
Total word count - document B			3218
Total word count - documents A + B			3218

8/3,AB/36 (Item 30 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

00558296
RECEPTOR-BASED SCREENING METHODS FOR **AMYLIN** AGONISTS AND ANTAGONISTS
AUF REZEPTORGRUNDLAGE ARBEITENDE SCREENING-VERFAHREN FUR **AMYLIN** -AGONISTEN UND- ANTAGONISTEN
PROCEDES DE CRIBLAGE UTILISANT DES RECEPTEURS ET PERMETTANT LA DETECTION D'AGONISTES ET D'ANTAGONISTES DE L'AMYLINE
PATENT ASSIGNEE:
AMYLIN PHARMACEUTICALS, INC., (1533970), 9373 Town Centre Drive, Suite 250, San Diego, CA 92121, (US), (applicant designated states: AT;BE;CH;DE;DK;ES;FR;GB;GR;IT;LI;LU;MC;NL;SE)
INVENTOR:
BEAUMONT, Kevin, 11248 Sirias Road, San Diego, CA 92126, (US)
RINK, Timothy, J., 1839 Caminito Brisa, La Jolla, CA 92037, (US)
LEGAL REPRESENTATIVE:
Goldin, Douglas Michael et al (31062), J.A. KEMP & CO. 14 South Square Gray's Inn, London WC1R 5LX, (GB)
PATENT (CC, No, Kind, Date): EP 529065 A1 930303 (Basic)
EP 529065 A1 931020
EP 529065 B1 981021
WO 9216845 921001
APPLICATION (CC, No, Date): EP 92908951 920313; WO 92US2125 920313
PRIORITY (CC, No, Date): US 670231 910315
DESIGNATED STATES: AT; BE; CH; DE; DK; ES; FR; GB; GR; IT; LI; LU; MC; NL; SE
INTERNATIONAL PATENT CLASS: G01N-033/566; G01N-033/567; G01N-033/74; G01N-033/577; C12P-021/08;
NOTE:
No A-document published by EPO
LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	9843	2077
CLAIMS B	(German)	9843	1747
CLAIMS B	(French)	9843	2435
SPEC B	(English)	9843	9839
Total word count - document A			0
Total word count - document B			16098
Total word count - documents A + B			16098

8/3,AB/37 (Item 31 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

00431553
Use of an **amylin** antagonist for the manufacture of amedicament for the **treatment** of **obesity** and essential hypertension and related disorders.
Verwendung eines Amylinantagonisten zur Herstellung eines Artzneimittels zur Behandlung von Fettsucht und essentieller Hypertonie und damit zusammenhangenden Kr
Utilisation d'un antagonist de amyline pour l'obtention d'un medicament destine au traitement de l'obesite et de l'hypertonie, et des troubles connexes.
PATENT ASSIGNEE:
AMYLIN PHARMACEUTICALS, INC., (970303), 9373 Towne Centre Drive, Suite 250, San Diego California 92121, (US), (applicant designated states: AT;BE;CH;DE;DK;ES;FR;GB;GR;IT;LI;LU;NL;SE)
INVENTOR:

Cooper, Garth J.S., 644 Canyon Drive, Solano Beach, California 92075, (US)
Leighton, Brendan, 24 Hanborough Close, Eynsham Oxon OX181N, (US)
LEGAL REPRESENTATIVE:
Goldin, Douglas Michael et al (31061), J.A. KEMP & CO. 14, South Square Gray's Inn, London WC1R 5LX, (GB)
PATENT (CC, No, Kind, Date): EP 408294 A2 910116 (Basic)
EP 408294 A3 911218
EP 408294 B1 950920
APPLICATION (CC, No, Date): EP 90307502 900710;
PRIORITY (CC, No, Date): US 377652 890710
DESIGNATED STATES: AT; BE; CH; DE; DK; ES; FR; GB; GR; IT; LI; LU; NL; SE
INTERNATIONAL PATENT CLASS: A61K-038/00; A61K-038/08; A61K-038/22;

ABSTRACT EP 408294 A2
The administration of antagonists and blockers of amylin or CGRP or both for the treatment of obesity and essential hypertension and associated lipid disorders and atherosclerosis.
ABSTRACT WORD COUNT: 30

LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(English)	EPABF1	327
CLAIMS B	(English)	EPAB95	141
CLAIMS B	(German)	EPAB95	125
CLAIMS B	(French)	EPAB95	173
SPEC A	(English)	EPABF1	5727
SPEC B	(English)	EPAB95	5658
Total word count - document A			6054
Total word count - document B			6097
Total word count - documents A + B			12151

8/3,AB/38 (Item 32 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

00431523
Amylin for **treatment** of bone disorders
Amylin zur Behandlung von Knochenleiden
Amyline pour le traitement des troubles osseuses
PATENT ASSIGNEE:
AMYLIN PHARMACEUTICALS, INC., (970303), 9373 Towne Centre Drive, Suite 250, San Diego California 92121, (US), (applicant designated states: AT;BE;CH;DE;DK;ES;FR;GB;GR;IT;LI;LU;NL;SE)
INVENTOR:
Macintyre, Iain, Great Broadhurst, Broad Oak, Heathfield, East Sussex, Tn 21 8UX, (GB)
LEGAL REPRESENTATIVE:
Goldin, Douglas Michael et al (31061), J.A. KEMP & CO. 14, South Square Gray's Inn, London WC1R 5LX, (GB)
PATENT (CC, No, Kind, Date): EP 408284 A2 910116 (Basic)
EP 408284 A3 920108
EP 408284 B1 960515
APPLICATION (CC, No, Date): EP 90307471 900709;
PRIORITY (CC, No, Date): GB 8915712 890708
DESIGNATED STATES: AT; BE; CH; DE; DK; ES; FR; GB; GR; IT; LI; LU; NL; SE
INTERNATIONAL PATENT CLASS: A61K-038/00; A61K-038/08; G01N-033/68;

A61K-038/22;

ABSTRACT EP 408284 A2
Use of amylin, or variants of amylin, as well as amylin agonists, for the treatment of bone disorders, in particular osteoporosis, Paget's disease, and malignant deposits in bone, bone loss of malignancy or endocrine disorders or autoimmune arthritides or immobility and disuse, and in other conditions where a hypocalcaemic effect is of benefit. Functional peptide fragments of amylin, or a variant of amylin or amylin fragment, are provided as well as a soluble amylin, amylin fragments, or variants thereof, or a lyophilized product, or an oral formulation for use alone, or in combination with other agents, including insulin (or insulin-stimulating agents, including but not limited to the sulfonylureas) and estrogens, for the treatment of disorders of bone or calcium balance.
ABSTRACT WORD COUNT: 124

LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS A	(English)	EPABF1	304
CLAIMS B	(English)	EPAB96	255
CLAIMS B	(German)	EPAB96	224
CLAIMS B	(French)	EPAB96	284
SPEC A	(English)	EPABF1	3830
SPEC B	(English)	EPAB96	3794
Total word count - document A			4134
Total word count - document B			4557
Total word count - documents A + B			8691

8/3,AB/39 (Item 33 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

00382169
TREATMENT OF TYPE 2 DIABETES MELLITUS.
BEHANDLUNG VON DIABETES MELLITUS TYP 2.
TRAITEMENT DU DIABETE SUCRE DU TYPE 2.
PATENT ASSIGNEE:
AMYLIN PHARMACEUTICALS, INC., (970303), 9373 Towne Centre Drive, Suite 250, San Diego California 92121, (US), (applicant designated states: AT;BE;CH;DE;FR;GB;IT;LI;LU;NL;SE)
INVENTOR:
COOPER, Garth, James, Smith, The Cardinal's Hat Chaucer's Lane, Woodstock Oxon OX7 1SR, (GB)
GREENE, Howard, E., 6336 Calle del Alcazar, Rancho Santa Fe, CA 92067, (US)
LEGAL REPRESENTATIVE:
Baillie, Iain Cameron et al (27951), c/o Ladas & Parry Altheimer Eck 2, D-80331 Munchen, (DE)
PATENT (CC, No, Kind, Date): EP 348490 A1 900103 (Basic)
EP 348490 A1 920812
EP 348490 B1 950927
WO 8906135 890713
APPLICATION (CC, No, Date): EP 89901802 890111; WO 89US49 890111
PRIORITY (CC, No, Date): US 142447 880111
DESIGNATED STATES: AT; BE; CH; DE; FR; GB; IT; LI; LU; NL; SE
INTERNATIONAL PATENT CLASS: A61K-038/00; C07K-007/08; C07K-014/00;

NOTE:
No A-document published by EPO
LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	EPAB95	762
CLAIMS B	(German)	EPAB95	636
CLAIMS B	(French)	EPAB95	817
SPEC B	(English)	EPAB95	9642
Total word count - document A			0
Total word count - document B			11857
Total word count - documents A + B			11857

8/3,AB/40 (Item 1 from file: 357)
DIALOG(R)File 357:Derwent Biotech Res.

0298762 DBR Accession No.: 2003-00546 PATENT
An isolated adipose tissue modified with a vector such that it expresses an anti-angiogenic factor, an apoptotic factor, an adipsin protein, an Ob protein, or an angiogenic substance - virus expression in host cell, use in gene **therapy**
AUTHOR: CRYSTAL R G; MAGOVERN C J; ROSENGART T; HOFFMAN L; TALMOR M
PATENT ASSIGNEE: CRYSTAL R G; MAGOVERN C J; ROSENGART T; HOFFMAN L; TALMOR M 2002
PATENT NUMBER: US 20020076395 PATENT DATE: 20020620 WPI ACCESSION NO.: 2002-598707 (200264)
PRIORITY APPLIC. NO.: US 219977 APPLIC. DATE: 19981223
NATIONAL APPLIC. NO.: US 219977 APPLIC. DATE: 19981223
LANGUAGE: English
ABSTRACT: DERWENT ABSTRACT: NOVELTY - An isolated adipose tissue (I) comprising a nucleic acid sequence (N) comprising or encoding and expressing an anti-angiogenic factor, an apoptotic factor, an adipsin protein, an Ob protein, or an angiogenic substance, where the isolated adipose tissue may be in the form of an implant, is new. DETAILED DESCRIPTION - INDEPENDENT CLAIMS are also included for: (1) treating (M1) adipose tissue by contact with a vector which comprises a nucleic acid sequence. The nucleic acid (N) comprises: (a) an anti-angiogenic factor such that the vector enters the adipose tissue and inhibits vascularity; (b) an apoptotic factor which causes adipocyte cell death; (c) an adipsin protein which treats the adipose tissue therapeutically; (d) an Ob protein which treats the adipose tissue therapeutically; (e) an angiogenic substance which increases the vascularity of the adipose tissue. The nucleic acid sequence is operably linked to a promoter; (2) expressing (M2) a secreted protein in adipose tissue which comprises contacting the adipose tissue with a vector comprising a promoter and operably linked a DNA sequence encoding a secreted protein such that the gene transfer vector enters the adipose tissue; and (3) an isolated adipose tissue comprising a vector comprising a promoter operably linked to a DNA sequence encoding a secreted protein where the isolated adipose tissue is optionally in the form of an implant. BIOTECHNOLOGY - Preferred Vector: The vector is an adenoviral vector which is replication-deficient. Preferred Promoter: The promoter is adipocyte-specific and is from the regulatory region of either of the adipocyte P2 (aP2) gene or the p154 polypeptide gene. The promoter is constitutive. Preferred Anti-angiogenic Factor: The anti-angiogenic factor is selected from the group consisting of taxol, endostatin, angiostatin, fumagillin and an analogue of fumagillin. Preferred

Method: The angiogenic substance is a vascular endothelial growth factor (VEGF). Preferred Apoptotic Factor/gene: The apoptotic factor/gene is selected from the group consisting of p53, a cell death-inducing coding sequence of Bcl-2 which comprises an N-terminal deletion, a cell death-inducing coding sequence of Bcl-x which comprises an N-terminal deletion, Bax, Bak, Bid, Bad, Bik, Bif-2, IAP-1, IAP-2, a caspase, TGF beta1, c-myc, a protease, and a protein kinase. The protein kinase is selected from the group consisting of protein kinase cOMEGA, protein kinase Cdelta, Akt/PI(3)-kinase, deoxyribonucleic acid (DNA)-PK, PITSLRE, DAP kinase, RIP, JNK/SAPK, Daxx, Raf-1, Pim-1, NIK, MEKK1, ASK1, and PKR. Preferred Adipose Tissue: The angiogenic substance, anti-angiogenic factor, adipsin protein or Ob protein is secreted. The isolated adipose tissue is in the form of an implant and further comprises a lymphogenic protein or a vector that comprises a gene encoding a vascular endothelial growth factor (VEGF). The isolated adipose tissue can also be in the form of an implant and further comprises a lymphogenic protein or a vector that comprises and expressed a lymphogenic gene. ACTIVITY - Inhibition of vascularity; Adipocyte cell death; Increased vascularity of the adipose tissue. No suitable data given. MECHANISM OF ACTION - None given. USE - (I) is useful for expressing an anti-angiogenic factor, an apoptotic factor, an adipsin protein, an Ob protein, or an angiogenic substance (claimed). (M1) is useful for treating adipose tissue. Entry of the vector occurs and the therapeutic polypeptide or protein or therapeutic RNA exerts its effect for the treatment of an energy storage disorder such as obesity, diabetes, increased body fat deposition, hyperglycemia, hyperinsulinemia, hypothermia, hypertension, hypercholesterolemia or hyperlipidemia. ADMINISTRATION - Pharmaceutical compositions can be delivered by local or systemic routes by application into body cavities, inhalation or insufflation of an aerosol or by parenteral introduction using intramuscular, intravenous, peritoneal, subcutaneous, intradermal administration as well as topical administration. The concentration of adenoviral vector is in the range of 2 x 10 to the power 7-2 x 10 to the power 14 plaque forming units (pfu)/ml. ADVANTAGE - (I) and (M1) provides an improved means of modifying adipocytes and adipose tissue. EXAMPLE - Rats were infected with 2.2 x 10 to the power 9 plaque forming units (pfu) of Ad.RSVbetagal, and 48 hours later the animals were sacrificed. Gene transfer, in particular, the presence of the lacZ gene product encoded by the beta-galactosidase reporter gene was determined by staining cells with a X-gal reagent. Following infection with Ad.RSVbetagal adipocytes stained blue showing that expression of the lacZ gene product had occurred. In comparison, non-infected cells did not demonstrate blue staining and beta-galactosidase was not evident in AdCMV.Null treated and naive (untreated) animals. The Vascular endothelial growth factor (VEGF) gene encoded by the AdCMV.VEGF vector was also delivered in vivo to rats. Specifically, rat adipose tissue was injected with either 10 to the power 11 pfu of AdCMV.VEGF or with recombinant human neurite growth-promoting factor-2 (NEGF) as a positive control. Western assay confirmed the transfer of the VGF gene and production of VEGF-165 protein by the adipocytes was observed. Enhanced vascularity was observed following delivery of AdCMV.VEGF to rat retroperioneal adipose tissue but not following delivery of 10 to the power 11 pfu of Ad.RSVbetagal.(22 pages)

Set	Items	Description
S9	3	AU=(DUFT, B? OR DUFT B?)
S10	111	AU=(KOLTERMAN, O? OR KOLTERMAN O?)
S11	1	S9 AND S10

- Authors)

Searcher : Shears 571-272-2528

S12 27 (S9 OR S10) AND S3
S13 21 (S11 OR S12) NOT S7
S14 9 RD (unique items)
>>>No matching display code(s) found in file(s): 65, 113

14/3,AB/1 (Item 1 from file: 440)
DIALOG(R)File 440:Current Contents Search(R)

20905614 Document Delivery Available: 000229307900002 References: 40
TITLE: Adjunctive therapy with **pramlintide** lowers HbA1c without concomitant **weight gain** and **increased** risk of severe hypoglycemia in patients with type 1 diabetes approaching glycemic targets
AUTHOR(S): Ratner R; Whitehouse F; Fineman MS; Strobel S; Shen L; Maggs DG; **Kolterman OG**; Weyer C (REPRINT)
AUTHOR(S) E-MAIL: christian.weyer@amylin.com
CORPORATE SOURCE: Amylin Pharmaceut Inc, 9360 Towne Ctr Dr/San Diego//CA/92121 (REPRINT); Amylin Pharmaceut Inc, /San Diego//CA/92121; MedStar Clin Res Inst, /Washington//DC/; Henry Ford Hosp, /Detroit//MI/48202
PUBLICATION TYPE: JOURNAL
PUBLICATION: EXPERIMENTAL AND CLINICAL ENDOCRINOLOGY & DIABETES, 2005, V113 , N4 (APR), P199-204
GENUINE ARTICLE#: 928YL
PUBLISHER: JOHANN AMBROSIUS BARTH VERLAG MEDIZINVERLAGE HEIDELBERG GMBH, RUEDIGERSTR 14, D-70469 STUTTGART, GERMANY
ISSN: 0947-7349
LANGUAGE: English DOCUMENT TYPE: ARTICLE
ABSTRACT: Aims: In long-term clinical trials in patients with type 1 diabetes spanning a wide range of HbA1c, addition of **pramlintide** to existing insulin regimens led to reductions in HbA1c that were accompanied by **weight** loss and no **increase** in overall severe hypoglycemia event rates. Given that **weight gain** and **increased** hypoglycemia risk contribute to the difficulty of attaining HbA1c targets (< 7%), the question arose whether **pramlintide** could benefit patients approaching, but not reaching glycemic targets with insulin alone. To address this question, we conducted a pooled analysis from 3 long-term clinical trials, including all patients with an entry HbA1c between 7.0% and 8.5%. Methods: Within the subset of patients with an entry HbA1c between 7.0% and 8.5% (approximately 28% of all patients enrolled in the 3 studies), 196 were treated with placebo + insulin (baseline HbA1c 7.9 +/- 0.4 %, body weight 76.0 +/- 14.3 kg [mean +/- SD]) and 281 with **pramlintide** + insulin (baseline HbA1c 7.9 +/- 0.4%, body weight 75.4 +/- 13.1 kg). Endpoints included placebo-corrected changes from baseline to week 26 in HbA1c, body weight, and the event rate of severe hypoglycernia. Results: Adjunctive therapy with **pramlintide** resulted in significant reductions in HbA1c and body weight from baseline to week 26 (0.3% and 1.8 kg, placebo-corrected treatment differences, respectively, both p: 0.0009). These changes occurred without an increase in the overall risk of severe hypoglycernia (1.40 **pramlintide** vs. 1.86 placebo, events/patient-year of exposure). Conclusions: Addition of **pramlintide** to insulin therapy may help patients with type 1 diabetes who are approaching, but not yet reaching, glycemic targets with insulin alone to achieve further reductions in HbA1c without concomitant **weight gain** and **increased** risk of severe hypoglycernia.

14/3,AB/2 (Item 2 from file: 440)

19483256 Document Delivery Available: 000224593000007 References: 34
TITLE: **Amylin** replacement with **pramlintide** as an adjunct to insulin therapy improves long-term glycaemic and weight control in Type 1 diabetes mellitus: a 1-year, randomized controlled trial
AUTHOR(S): Ratner RE; Dickey R; Fineman M; Maggs DG; Shen L; Strobel SA; Weyer C; **Kolterman OG (REPRINT)**
AUTHOR(S) E-MAIL: okolterman@amylin.com
CORPORATE SOURCE: Amylin Pharmaceut Inc, Clin Affairs, 9360 Towne Ctr Dr/San Diego//CA/92121 (REPRINT); Amylin Pharmaceut Inc, Clin Affairs, /San Diego//CA/92121; Medstar Clin Res, /Washington//DC/; Piedmont Endocrinol, /Hickory//NC/
PUBLICATION TYPE: JOURNAL
PUBLICATION: DIABETIC MEDICINE, 2004, V21, N11 (NOV), P1204-1212
GENUINE ARTICLE#: 863WB
PUBLISHER: BLACKWELL PUBLISHING LTD, 9600 GARSINGTON RD, OXFORD OX4 2DG, OXON, ENGLAND
ISSN: 0742-3071
LANGUAGE: English DOCUMENT TYPE: ARTICLE

ABSTRACT: Aims The autoimmune-mediated destruction of pancreatic beta-cells in Type 1 diabetes mellitus renders patients deficient in two glucoregulatory peptide hormones, insulin and **amylin**. With insulin replacement alone, most patients do not achieve glycaemic goals. We aimed to determine the long-term efficacy and safety of adjunctive therapy with **pramlintide**, a synthetic human **amylin** analogue, in patients with Type 1 diabetes.

Methds In a double-blind, placebo-controlled, parallel-group, multicentre study, 651 patients with Type 1 diabetes (age 41 +/- 13 years, HbA(1c) 8.9 +/- 1.0%, mean +/- SD) were randomized to mealtime injections of placebo or varying doses of **pramlintide**, in addition to their insulin therapy, for 52 weeks.

Results Addition of **pramlintide** [60 mug three times daily (TID) or four times daily (QID)] to insulin led to significant reductions in HbA(1c) from baseline to Week 52 of 0.29% ($P < 0.011$) and 0.34% ($P < 0.001$), respectively, compared with a 0.04% reduction in placebo group. Three times the proportion of **pramlintide**- than placebo-treated patients achieved an HbA(1c) of < 7%. The greater reduction in HbA(1c) with **pramlintide** was achieved without an increase in concomitant insulin use and was accompanied by a significant reduction in body weight from baseline to Week 52 of 0.4 kg in the 60 mug TID ($P < 0.027$) or QID ($P < 0.040$) **pramlintide** treatment groups, compared with a 0.8-kg **gain** in body **weight** in the placebo group. The most common adverse event in **pramlintide**-treated patients was transient, mild-to-moderate nausea.

Conclusons These results show that mealtime **amylin** replacement with **pramlintide**, as an adjunct to insulin therapy, improves long-term glycaemic and weight control in patients with Type 1 diabetes.

14/3,AB/3 (Item 3 from file: 440)

18350235 Document Delivery Available: 000220940600012 References: 35
TITLE: Effect of **pramlintide** on weight in **overweight** and **obese** insulin-treated type 2 diabetes patients
AUTHOR(S): Hollander P; Maggs DG; Ruggles JA; Fineman M; Shen L; **Kolterman OG**; Weyer C (REPRINT)
AUTHOR(S) E-MAIL: cweyer@amylin.com
CORPORATE SOURCE: Amylin Pharmaceut Inc, 9360 Towne Ctr Dr/San Diego//CA/92121 (REPRINT); Amylin Pharmaceut Inc, /San Diego//CA/92121; Baylor Coll Med, /Dallas//TX/
PUBLICATION TYPE: JOURNAL
PUBLICATION: OBESITY RESEARCH, 2004, V12, N4 (APR), P661-668
GENUINE ARTICLE#: 813XU
PUBLISHER: NORTH AMER ASSOC STUDY OBESITY, 8630 FENTON ST, SUITE 918, SILVER SPRING, MD 20910 USA
ISSN: 1071-7323
LANGUAGE: English DOCUMENT TYPE: ARTICLE

ABSTRACT: Objective: Several randomized, placebo-controlled, double-blind trials in insulin-treated patients with type 2 diabetes have shown that adjunctive therapy with **pramlintide** reduces hemoglobin (Hb)A(1c) with concomitant weight loss. This analysis further characterizes the weight-lowering effect of **pramlintide** in this patient population.

Research Methods and Procedures: This pooled post hoc analysis of two long-term trials included all patients who were **overweight/obese** at baseline (BMI>25 kg/m(2)), and who were treated with either 120 mug **pramlintide** BID (n=254; HbA(1c) 9.2%; weight, 96.1 kg) or placebo (n=244; HbA(1c) 9.4%; weight, 95.0 kg). Statistical endpoints included changes from baseline to week 26 in HbA(1c), body weight, and insulin use.

Results: **Pramlintide** treatment resulted in significant reductions from baseline to week 26, compared with placebo, in HbA(1c) and body weight (both, p<0.0001), for placebo-corrected reductions of -0.41% and -1.8 kg, respectively. Approximately three times the number of patients using **pramlintide** experienced a &GE;5% reduction of body weight than with placebo (9% vs. 3%, p=0.0005). Patients using **pramlintide** also experienced a proportionate decrease in total daily insulin use (r=0.39, p<0.0001). The greatest placebo-corrected reductions in weight at week 26 were observed in **pramlintide**-treated patients with a BMI>40 kg/m(2) and in those concomitantly treated with metformin (both, p<0.001), for placebo-corrected reductions of -3.2 kg and -2.5 kg, respectively.
Discussion: These findings Support further evaluation of the weight-lowering potential of **pramlintide** in **obese** patients with type 2 diabetes.

14/3,AB/4 (Item 4 from file: 440)
DIALOG(R)File 440:Current Contents Search(R)

17547010 Document Delivery Available: 000187320600022 References: 31
TITLE: Effect of **pramlintide** on A(1C) and body weight in insulin-treated African Americans and hispanics with type 2 diabetes: A pooled post hoc analysis
AUTHOR(S): Maggs D; Shen L; Strobel S; Brown D; **Kolterman O**; Weyer C (REPRINT)
CORPORATE SOURCE: Amylin Pharmaceut Inc, 9360 Towne Ctr Dr/San Diego//CA/92121 (REPRINT); Amylin Pharmaceut Inc, /San Diego//CA/92121

PUBLICATION TYPE: JOURNAL
PUBLICATION: METABOLISM-CLINICAL AND EXPERIMENTAL, 2003, V52, N12 (DEC), P 1638-1642
GENUINE ARTICLE#: 754MH
PUBLISHER: W B SAUNDERS CO, INDEPENDENCE SQUARE WEST CURTIS CENTER, STE 300, PHILADELPHIA, PA 19106-3399 USA
ISSN: 0026-0495
LANGUAGE: English DOCUMENT TYPE: ARTICLE

ABSTRACT: An unresolved problem in the management of type 2 diabetes is that improvement of glycemic control with insulin, insulin secretagogues, and insulin sensitizers is often accompanied by undesired **weight gain**. This problem is of particular concern in ethnic groups with a high propensity for diabetes and **obesity**, such as African Americans and Hispanics. Two 1-year, randomized, double-blind, placebo-controlled clinical trials in insulin-treated patients with type 2 diabetes have shown that adjunctive therapy with **pramlintide**, an analog of the human beta-cell hormone **amylin**, reduces A(1c) with concomitant weight loss, rather than **weight gain**. To assess the effect of **pramlintide** in various ethnic groups with type 2 diabetes using insulin, we conducted a pooled post hoc analysis of the 2 trials, which included all Caucasian (n = 315), African American (n = 47), and Hispanic (n = 48) patients (age 57 years, A(1c) 9.1%, body mass index [BMI] 33 kg/m(2), mean values) who completed 52 weeks of treatment with either **pramlintide** (120 mug twice daily or 150 mug 3 times a day) or placebo. Primary endpoints included changes from baseline to week 52 in A,. and body weight. Collectively, **pramlintide**-treated patients achieved significant reductions from baseline in both A(1c) and body weight (placebo-corrected treatment effects at week 52: -0.5% and -2.6 kg, respectively, both P < .0001). The simultaneous reduction in A(1c) and body weight at week 52 was evident across all 3 ethnic groups and appeared to be most pronounced in African Americans (-0.7%, -4.1 kg), followed by Caucasians (-0.5%, -2.4 kg) and Hispanics (-0.3%, -2.3 kg). The glycemic improvement with **pramlintide** was not associated with an increased incidence of hypoglycemia over the entire study period (43% **pramlintide** v 40% placebo). Nausea, the most common adverse event associated with **pramlintide** treatment, was mostly mild and confined to the first 4 weeks of therapy (25% **pramlintide** v 16% placebo) with comparable patterns in the 3 ethnic groups. Thus, pending further experience, the combined improvement in glycemic and weight control with **pramlintide** treatment appears to be generalizable to a broad population of mixed ethnicity.

14/3,AB/5 (Item 5 from file: 440)
DIALOG(R)File 440:Current Contents Search(R)

17241030 Document Delivery Available: 000186415900006 References: 33
TITLE: Addition of **pramlintide** to insulin therapy lowers HbA(1c) in conjunction with weight loss in patients with type 2 diabetes approaching glycaemic targets
AUTHOR(S): Hollander P; Ratner R; Fineman M; Strobel S; Shen L; Maggs D; **Kolterman O**; Weyer C (REPRINT)
AUTHOR(S) E-MAIL: cweyer@amylin.com
CORPORATE SOURCE: Amylin Pharmaceut Inc, 9360 Towne Ctr Dr/San Diego//CA/92121 (REPRINT); Amylin Pharmaceut Inc, /San Diego//CA/92121; Baylor Univ, Med Ctr, /Dallas//TX/; Medstar Res Inst, /Washington//DC/
PUBLICATION TYPE: JOURNAL

PUBLICATION: DIABETES OBESITY & METABOLISM, 2003, V5, N6 (NOV), P408-414
GENUINE ARTICLE#: 740RT
PUBLISHER: BLACKWELL PUBLISHING LTD, 9600 GARSINGTON RD, OXFORD OX4 2DG, OXON, ENGLAND
ISSN: 1462-8902
LANGUAGE: English DOCUMENT TYPE: ARTICLE

ABSTRACT: Aim: Two long-term, randomized, double-blind, placebo-controlled clinical trials in insulin-using patients with type 2 diabetes, spanning a wide range of baseline glycaemic control, have shown that the addition of **pramlintide**, an analogue of the beta-cell hormone **amylin**, to pre-existing insulin regimens results in reductions in HbA(1c) that are accompanied by weight loss.

Methods: To assess whether this profile of **pramlintide** is observed in patients approaching, but not yet reaching, glycaemic targets, we conducted a pooled post hoc analysis of the two trials, including all patients with an entry HbA(1c) between 7.0 and 8.5%. Within this subset of patients, 80 were treated with placebo + insulin [baseline HbA(1c) 8.0 +/- 0.3%, weight 87.3 +/- 19.3 kg (mean +/- s.d.)] and 86 with **pramlintide** (120 mug bid) + insulin [HbA(1c) 8.0 +/- 0.4%, weight 92.5 +/- 20.4 kg (mean +/- s.d.)]. Endpoints included changes from baseline to Week 26 in HbA(1c), body weight, and the event rate of severe hypoglycaemia.

Results: Adjunctive therapy with **pramlintide** resulted in significant reductions in both HbA(1c) and body weight from baseline to Week 26 (-0.43% and -2.0 kg differences from placebo, respectively, both p < 0.001). These changes were achieved without a concomitant increase in the overall rate of severe hypoglycaemic events (0.13 **pramlintide** vs. 0.19 placebo, events/patient year of exposure).

Conclusions: The data from this post hoc analysis indicate that the addition of **pramlintide** to insulin therapy may help patients with type 2 diabetes who are approaching, but not yet reaching, glycaemic targets to achieve further reductions in HbA(1c) without concomitant **weight gain** and **increased** risk of severe hypoglycaemia.

14/3,AB/6 (Item 6 from file: 440)
DIALOG(R)File 440:Current Contents Search(R)

13650252 Document Delivery Available: 000174635300014 References: 29
TITLE: A randomized study and open-label extension evaluating the long-term efficacy of **pramlintide** as an adjunct to insulin therapy in type 1 diabetes
AUTHOR(S): Whitehouse F; Kruger DF; Fineman M; Shen L; Ruggles JA; Maggs DG ; Weyer C; **Kolterman OG (REPRINT)**
AUTHOR(S) E-MAIL: okolterman@amylin.com
CORPORATE SOURCE: Amylin Pharmaceut Inc, 9373 Towne Ctr Dr/San Diego//CA/92121 (REPRINT); Amylin Pharmaceut Inc, /San Diego//CA/92121; Henry Ford Hosp, /Detroit//MI/48202
PUBLICATION TYPE: JOURNAL
PUBLICATION: DIABETES CARE, 2002, V25, N4 (APR), P724-730
GENUINE ARTICLE#: 535FV
PUBLISHER: AMER DIABETES ASSOC, 1660 DUKE ST, ALEXANDRIA, VA 22314 USA
ISSN: 0149-5992
LANGUAGE: English DOCUMENT TYPE: ARTICLE

ABSTRACT: OBJECTIVE - To assess the effect of mealtime **amylin** replacement with **pramlintide** on long-term glycemic and weight control in patients with type I diabetes.

RESEARCH DESIGN AND METHODS - In a 52-week, double-blind, placebo-controlled, multicenter study, 480 patients, with type I diabetes were randomized to receive preprandial injections of placebo or 30 [mug **pramlintide** q.i.d., in addition to existing insulin regimens. At week 20, **pramlintide**-treated patients were re-randomized to 30 or 60 mug **pramlintide** q.i.d. if decreases from baseline in HbA(1c) were <1% at week 13. Of the 342 patients who completed the 52-week study, 236 individuals (&SIM;70%) elected to participate in a 1-year open-label extension in which all patients received 30 or 60 μg **pramlintide** q,i,d,.

RESULTS - Treatment with **pramlintide** led to a mean reduction in HbA(1c) of 0.67% from baseline to week 13 that was significantly (P < 0.000 1) greater than the placebo reduction (0.16%), and a significant placebo-corrected treatment difference was sustained through week 52 (P = 0.0071) The greater HbA(1c) reduction was associated with an average weight loss, rather than **weight gain**, an was not accompanied by an increased overall event rate of severe hypoglycemia. In the open-label extension, mean HbA(1c) levels decreased rapidly in patients receiving **pramlintide** for the First time and remained at reduced levels in patients who continued **pramlintide** treatment. The most common adverse events reported by the **pramlintide** group were mild nausea and anorexia, which both occurred during the initial weeks of treatment and dissipated over time.

CONCLUSIONS - Mealtime **pramlintide** treatment as an adjunct to insulin improved long-term glycemic control without inducing **weight gain** or **increasing** the overall risk of severe hypoglycemia in patients with type 1 diabetes.

14/3,AB/7 (Item 7 from file: 440)
DIALOG(R)File 440:Current Contents Search(R)

12991646 References: 123
TITLE: **Amylin** replacement with **pramlintide** as an adjunct to insulin therapy in type 1 and type 2 diabetes mellitus: A physiological approach toward improved metabolic control
AUTHOR(S): Weyer C (REPRINT); Maggs DG; Young AA; **Kolterman OG**
AUTHOR(S) E-MAIL: cweyer@amylin.com
CORPORATE SOURCE: Amylin Pharmaceut Inc, 9373 Towne Ctr Dr/San Diego//CA/92121 (REPRINT); Amylin Pharmaceut Inc, /San Diego//CA/92121
PUBLICATION TYPE: JOURNAL
PUBLICATION: CURRENT PHARMACEUTICAL DESIGN, 2001, V7, N14 (SEP), P1353-1373
GENUINE ARTICLE#: 465NW
PUBLISHER: BENTHAM SCIENCE PUBL LTD, PO BOX 1673, 1200 BR HILVERSUM, NETHERLANDS
ISSN: 1381-6128
LANGUAGE: English DOCUMENT TYPE: REVIEW

ABSTRACT: Destruction and dysfunction of pancreatic beta-cells, resulting in absolute and relative insulin deficiency, represent key abnormalities in the pathogenesis of type 1 and type 2 diabetes, respectively. Following the discovery of **amylin**, a second beta-cell hormone that is co-secreted with insulin in response to nutrient stimuli, it was realized that diabetes

represents a state of bihormonal beta cell deficiency and that lack of **amylin** action may contribute to abnormal glucose homeostasis. Experimental studies show that **amylin** acts as a neuroendocrine hormone that complements the effects of insulin in postprandial glucose regulation through several centrally mediated effects. These include a suppression of postprandial glucagon secretion and a vagus-mediated regulation of gastric emptying, thereby helping to control the influx of endogenous and exogenous glucose, respectively. In animal studies, **amylin** has also been shown to reduce food intake and body weight, consistent with an additional satiety effect. **Pramlintide** is a soluble, non-aggregating, injectable, synthetic analog of human **amylin** currently under development for the treatment of type 1 and insulin-using type 2 diabetes. Long-term clinical studies have consistently demonstrated that pre-prandial s.c. injections of **pramlintide**, in addition to the current insulin regimen, reduce HbA(1c) and body weight in type 1 and type 2 diabetic patients, without an increase in insulin use or in the event rate of severe hypoglycemia. The most commonly observed side effects were gastrointestinal-related, mainly mild nausea, which typically occurred upon initiation of treatment and resolved within days or weeks. **Amylin** replacement with **pramlintide** as an adjunct to insulin therapy is a novel physiological approach toward improved long-term glycemic and weight control in patients with type 1 and type 2 diabetes.

14/3,AB/8 (Item 1 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

01013876
METHODS FOR TREATING **OBESITY**
METHODES DE TRAITEMENT DE L'OBESITE
PATENT ASSIGNEE:
AMYLIN PHARMACEUTICALS, INC., (970304), 9373 Towne Centre Drive, San Diego, California 92121, (US), (Applicant designated States: all
INVENTOR:
DUFT, Bradford, J., 5762 Loma Verde, Rancho Santa Fe, CA 92067, (US)
KOLTERMAN, Orville, 15793 Hidden Valley Drive, Poway, CA 92064, (US
PATENT (CC, No, Kind, Date): WO 9855144 981210
APPLICATION (CC, No, Date): WO 98926381 980605; WO 98US11753 980605
PRIORITY (CC, No, Date): US 870762 970606
DESIGNATED STATES: AT; BE; CH; CY; DE; DK; ES; FI; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE
INTERNATIONAL PATENT CLASS: A61K-039/00; A61K-038/00; A01N-037/18
LANGUAGE (Publication,Procedural,Application): English; English; English

14/3,AB/9 (Item 2 from file: 348)
DIALOG(R)File 348:EUROPEAN PATENTS

00692373
METHODS FOR REGULATING GASTROINTESTINAL MOTILITY
METHODEN ZUR REGULATION DER DEN MAGEN UND DARM BETREFFENDEN MOTILITAET
PROCEDES DE REGULATION DE LA MOTILITE GASTRO-INTESTINALE
PATENT ASSIGNEE:
AMYLIN PHARMACEUTICALS, INC., (1533970), 9373 Town Centre Drive, Suite 250, San Diego, CA 92121, (US), (Proprietor designated states:

all
INVENTOR:
KOLTERMAN, Orville, G., 15793 Hidden Valley Drive, Poway, CA 92064, (US)
YOUNG, Andrew, A., 510 Josh Way, Alpine, CA 91901, (US)
RINK, Timothy, J., 5666 La Jolla Boulevard, La Jolla, CA 92037, (US)
BROWN, Kathleen, Keiting, 5525 Old Still Road, Wake Forest, NC 27587, (US
LEGAL REPRESENTATIVE:
Goldin, Douglas Michael et al (31061), J.A. KEMP & CO. 14 South Square Gray's Inn, London WC1R 5LX, (GB)
PATENT (CC, No, Kind, Date): EP 717635 A1 960626 (Basic)
EP 717635 B1 001115
WO 9507098 950316
APPLICATION (CC, No, Date): EP 94927398 940907; WO 94US10225 940907
PRIORITY (CC, No, Date): US 118381 930907
DESIGNATED STATES: AT; BE; CH; DE; DK; ES; FR; GB; GR; IE; IT; LI; LU; MC; NL; PT; SE
INTERNATIONAL PATENT CLASS: A61K-038/22; A61K-038/23
NOTE:
No A-document published by EPO
LANGUAGE (Publication,Procedural,Application): English; English; English
FULLTEXT AVAILABILITY:

Available Text	Language	Update	Word Count
CLAIMS B	(English)	200046	338
CLAIMS B	(German)	200046	334
CLAIMS B	(French)	200046	377
SPEC B	(English)	200046	12799
Total word count - document A			0
Total word count - document B			13848
Total word count - documents A + B			13848

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File  65:Inside Conferences 1993-2005/Nov W2
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File 440:Current Contents Search(R) 1990-2005/Nov 18
         (c) 2005 Inst for Sci Info
File 348:EUROPEAN PATENTS 1978-2005/Nov W01
         (c) 2005 European Patent Office
File 357:Derwent Biotech Res. _1982-2005/Nov W3
         (c) 2005 Thomson Derwent & ISI
File 113:European R&D Database 1997
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Set     Items   Description
S1       6803   AMYLIN OR AC128 OR IAPP OR (ISLET OR INSULINOM?)(W)AMYLOID
             OR DAP OR DIABET?(W)(ASSOCIAT? OR ASS??)(W)(PROTEIN? ? OR PEP-
             TIDE? ? OR POLYPROTEIN? ? OR POLYPEPTIDE? ?) OR PRAMLINTIDE OR
              AC0137 OR AC137 OR AC(W)(0137 OR 137 OR 128) OR AMLINTIDE OR
             SYMLIN
S2     147175   OBESITY OR OBESE OR ANTIOBES? OR OVERWEIGH? OR OVER(W)(WEI-
             GH? OR WT OR EAT OR EATING) OR OVEREAT? OR (WEIGH? OR WT)(3N)-
             (GAIN OR INCREAS?)
S3        626   (S1 OR IAPP? ?) AND S2
S4        509   S3 AND (TREAT? OR THERAP? OR PREVENT? OR CONTROL?)
S5        247   S4 AND ADMIN?
S6        223   S5 AND HUMAN?
S7         86   S6/TI,DE,MAJ
S8         40   RD (unique items)
S9          3   AU=(DUFT, B? OR DUFT B?)
S10       111   AU=(KOLTERMAN, O? OR KOLTERMAN O?)
S11         1   S9 AND S10
S12        27   (S9 OR S10) AND S3
S13        21   (S11 OR S12) NOT S7
S14         9   RD (unique items)
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mg/kg/day), followed by a decrease in body weight (50 and 250 mg/kg/day), testicular atrophy (600 mg/kg/day) and effects on liver, kidneys, pancreas and thyroid (2000 mg/kg/day). At high dosages (300 mg/kg/day) DEHP induced hepatocellular carcinomas in rats and mice. Testicular atrophy was also observed in mice (300 mg/kg/day). DEHP had no initiating, sequential syncarcinogenic or promoting activity in rats. In mice DEHP promoted DENA-initiated tumour formation. In rats DOP promoted DENA-initiated tumour formation (250 mg/kg/day). Moreover, DOP induced liver carcinomas in rats. BBP induced leukaemia in female rats, not in male rats (300 mg/kg/day) and not in male and female mice (1200 and 1440 mg/kg/day) . **DAP** induced leukaemia in female rats (equivocal evidence), not in male rats (50 mg/kg/day) and not in male and female mice (300 mg/kg/day). EGEP had no carcinogenic properties in rats (2500 mg/kg/day) and no toxic effects in dogs (250 mg/kg/day) . **DAP** and DOP did not induce hepatic peroxisome proliferation in rats (2000 mg/kg/day). LONG-TERM DERMAL APPLICATION. DEHP had no initiating or promoting properties of skin carcinogenesis in mice. Second-stage skin tumour promotion was found in mice, when tumours were initiated by DMBA and when the first stage was promoted by TPA. DBP induced slight dermatitis in rabbits (4.0 ml/kg/day), DMP did not (4.0 ml/kg/day). DA68P induced skin irritation in unspecified rodents (100 mg/kg/day), **DAP** did not (500 mg/kg/day). OTHER STUDIES. Peroxisome proliferation is suggested to play an important role in the mechanism of hepatocarcinogenesis. However, contrary to in rat hepatocytes, in **human** hepatocytes no induction of peroxisome proliferation could be found. MUTAGENICITY AND GENOTOXICITY. In general the phthalate esters did not induce mutations; neither did **DAP** and BBP which were (equivocal) carcinogenic in (female) rats. However, DEHP induced mutations in some in vivo tests, also MEHP (the main metabolite of DEHP) and DBP induced mutations in some tests with cell lines. REPRODUCTION TOXICITY. The following compounds induce adverse effects on the testis of male rats after oral **administration**: DEHP, MEHP, DBP, MBP, DisoBP, MisocBP, DPeP, DHP, DCP, MCP, DMEP, DA79P and BBP. No effects on the male gonads have been observed for: DMP, DEP, DPP, MtertBP, DHpP, DOP and MOP. The mechanism of the induction of testicular atrophy is probably via zinc depletion. For female animals the following NAELs are derived from the studies with dosing in the diet: DEHP in rats: for maternal toxicity: lower than 357 mg/kg/day for embryofoetal toxicity: 357 mg/kg/day DEHP in mice: for maternal toxicity: 91 mg/kg/day for embryofoetal toxicity: 44 mg/kg/day MEHP in rats: for maternal toxicity: 50 mg/kg/day for embryofoetal toxicity: 225 mg/kg/day MEHP in mice: for maternal toxicity: 73 mg/kg/day for embryofoetal toxicity: < 35 mg/kg/day DBP in mice: for embryofoetal toxicity: ca. 60 mg/kg/day BBP in rats: for maternal toxicity: 375 mg/kg/day for embryofoetal toxicity: 654 mg/kg/day BBP in mice: for maternal and embryofoetal toxicity: 182 mg/kg/day After i.p. **administration** of DEHP or DBP foetotoxicity and increased incidence of malformations were noted in rats. After inhalatory exposure of DEHP in rats the maternal NAEL was 200 mg/m3 and the embryofoetal NAEL was 300 mg/m3. When both females and males are fed a diet with a phthalate ester dose-related effects are observed on reproduction. The following NAELs are derived from a mouse experiment: DEP: higher than 5000 mg/kg/day (highest dose tested) DBP: 600 mg/kg/day (7 premating days + 98 matings days) DHP: less than 600 mg/kg/day (7 premating days + 98 matings days) DEHP: 20 mg/kg/day (7 premating days + 98 matings days) **HUMAN** DATA. Only limited data are available. A single dose of 10 g DBP led to effects on the eyes and renal damage. Occupational

contact with DBP led to red staining of the fingers. An attempted suicide with DMP resulted in unconsciousness, skin pallor, acrocyanosis, effects on the eyes, hypotension, tachycardia, hoarse and arrythmic breathing. A single dose of 10 g DEHP led to gastric disturbances and moderate catharsis. DEHP was also expected to cause hepatitis. Extensive use of DMP and DBP as an insect repellent did not induce signs of toxicity. In the morbidity and mortality studies in general no association between phthalate ester exposure and possible effects could be established. An increased incidence of neuropathy was found after exposure to several phthalates, among them DBP, DisoBP, DEHP, DOP, DisoDP, DA79P and BBP. However, the results were not compared with a **control** group, moreover, the neuropathy could also be due to the respective alcohols, to phthalic anhydride or to a combination of exposure. No effects on chromosomes were noted in a small group of workers exposed to DEHP for periods up to 30 years.

L12 ANSWER 22 OF 24 EMBASE

ACCESSION NUMBER: 94337484 EMBASE
DOCUMENT NUMBER: 1994337484
TITLE: Methods for treating renin-related disorders with amylin antagonists.
SOURCE: Expert Opinion on Therapeutic Patents, (1994) Vol. 4, No. 11, pp. 1383-1384.
ISSN: 1354-3776 CODEN: EOTPEG
COUNTRY: United Kingdom
DOCUMENT TYPE: Journal; (Short Survey)
FILE SEGMENT: 003 Endocrinology
018 Cardiovascular Diseases and Cardiovascular Surgery
030 Pharmacology
037 Drug Literature Index
LANGUAGE: English
SUMMARY LANGUAGE: English
ENTRY DATE: Entered STN: 941207
Last Updated on STN: 941207

AB Previously described **amylin** antagonists are claimed to ameliorate renin activity in subjects and have potential for the **treatment** of diseases such as congestive heart failure, syndrome X and hypertension. The **amylin** antagonists are peptidic in nature and selective for the **amylin** receptor over the calcitonin and/or calcitonin gene related peptide (CGRP) receptors. In WO 9405317 [101], subcutaneous **administration** of 100 μg of synthetic rat **amylin** to rats led to a 3 to 4-fold increase in plasma renin activity versus **control** levels that was statistically significant over the 4 hour duration of the experiment. Plasma renin activity was determined by specific radioimmunoassay for the generation of angiotensin I expressed as ng/ml/hr. **Administration** of an **amylin** receptor specific antagonist, such as Ac-[Asn30, Tyr32]-calcitonin(8-32)(salmon), at t = -30 min (iv bolus) followed by a 1.0 mg/hr continuous iv infusion until t = 120 min blocked the increase in plasma renin activity induced by the above dose of rat **amylin** . Similar results were obtained for other **amylin** antagonists, such as calcitonin(8-32)(salmon) and Ac-[Glu15, Arg18, Val27, Asn30, Tyr32]-**amylin**(8-18)(**human**) calcitonin(19-32)(salmon). The chemistry for the preparation of the **amylin** antagonists is not exemplified, however it can be

assumed that standard solid phase peptide synthetic methodology is utilised as described in previous patent applications by this group [102-104]. Their structures are as follows: Ac4[Asn30, Tyr32]-calcitonin(8-32)(salmon): Ac-Val8-Leu-Gly10-Lys-Leu-Ser-Gln-Glu15-Leu-His-Lys-Leu-Gln20-T hr-Tyr-Pro-Arg-Thr25-Asn-Thr-Gly-Ser-Asn30-Thr-Tyr32-NH2. Ac-[Glu15, Arg18, Val27, Asn30, Tyr32]-**amylin**(8-18)(**human**) calcitonin(19-32)(salmon): Ac-Ala8-Thr-Gln10-Arg-Leu-Ala-Asn-Glu15-Leu-Val-Arg-Leu-Gln20-T hr-Tyr-Pro-Arg-Thr25-Asn-Val-Gly-Ser-Asn30-Thr-Tyr32-NH2. In the US patent application [105], calcitonins of avian or teleost origin, particularly from chicken, eel or salmon are referred to. In assays, ultimobranchial calcitonins were found to have very high affinity for **amylin** receptors and to be potent inhibitors of insulin-stimulated glycogen synthesis and stimulators of glycogen breakdown in isolated rat soleus muscle. In an example from tabulated results, chicken calcitonin gave an IC50 value of 0.03 nM for receptor binding and an EC50 value of 0.7 nM for soleus muscle. In in vitro assays on rats, it was found that **amylin** and calcitonin both increase plasma glucose in a similar and dose-dependent manner, and synergy was noted between glucagon and salmon calcitonin. The final patent [106] deals with a novel diagnostic for **amylin** agonists and **amylin** antagonists for the **treatment** of diabetes mellitus, **obesity** and hypertension.

L12 ANSWER 23 OF 24 WPIDS COPYRIGHT 2005 THE THOMSON CORP on STN
ACCESSION NUMBER: 1993-093691 [11] WPIDS
DOC. NO. CPI: C1993-041382
TITLE: Use of e.g. D, L-aspartic acid - for treating non-insulin dependent diabetes mellitus, atherosclerosis etc; also to treat excess adiposity and obesity.
DERWENT CLASS: B05
INVENTOR(S): COLCA, J R; LARSEN, S D; MEGLASSON, M D; TANIS, S P; MEGLASSON, M
PATENT ASSIGNEE(S): (UPJO) UPJOHN CO
COUNTRY COUNT: 38
PATENT INFORMATION:

PATENT NO	KIND	DATE	WEEK	LA	PG
WO 9303714	A2	19930304	(199311)*	EN	32
RW: AT BE CH DE DK ES FR GB GR IE IT LU MC NL OA SE					
W: AU BB BG BR CA CS FI HU JP KP KR LK MG MN MW NO PL RO RU SD US					
AU 9224075	A	19930316	(199328)		
EP 600973	A1	19940615	(199423)	EN	
R: AT BE CH DE DK ES FR GB GR IE IT LI LU MC NL SE					
JP 06510760	W	19941201	(199507)		
AU 9530614	A	19951109	(199601)		
AU 9530615	A	19951109	(199601)		
AU 664710	B	19951130	(199604)		

APPLICATION DETAILS:

PATENT NO	KIND	APPLICATION	DATE
WO 9303714	A2	WO 1992-US6536	19920811
AU 9224075	A	AU 1992-24075	19920811
EP 600973	A1	EP 1992-917697	19920811
		WO 1992-US6536	19920811

Searcher : Shears 571-272-2528

JP 06510760	W		WO 1992-US6536	19920811
			JP 1993-504336	19920811
AU 9530614	A	Div ex	AU 1992-24075	19920811
			AU 1995-30614	19950914
AU 9530615	A	Div ex	AU 1992-24075	19920811
			AU 1995-30615	19950914
AU 664710	B		AU 1992-24075	19920811

FILING DETAILS:

PATENT NO	KIND		PATENT NO
AU 9224075	A	Based on	WO 9303714
EP 600973	A1	Based on	WO 9303714
JP 06510760	W	Based on	WO 9303714
AU 664710	B	Previous Publ.	AU 9224075
		Based on	WO 9303714

PRIORITY APPLN. INFO: US 1991-750059 19910827; US 1991-750569 19910827

AN 1993-093691 [11] WPIDS

AB WO 9303714 A UPAB: 19931122

The use of 119 named cpds. (A), or their pharmaceutically acceptable salts, for **treating** non-insulin dependent diabetes mellitus is new. Also new is use of 128 names cpds. (B), or their pharmaceutically acceptable salts, (1) for **treating** excess adiposity or **obesity** and (2) for reducing fat content and increasing muscle and protein contents in animals (including **humans**).

Typical cpds. which can serve as both (A) and (B) include DL-aspartic acid; benzylguanidine sulphate; 2-aminoethyl-dithiocarbamic acid; 2-benzyl-benzimdazole; Na 3-aminopropane sulphonate; 4-imidazolyl-acetic acid hydrochloride; 2-nitrophenylguanidine; benzaldehyde O-ethyloxime; 5-fluoro-2-(2-imidazolin-2-yl)-2-isoindoline; or S-(2,4,6-trimethylbenzyl)-isothiourea.

USE/ADVANTAGE - (A) are used to **treat** or **prevent** type II diabetes and may also be useful in cases of hyperglycaemia, impaired glucose tolerance, hyperinsulinaemia, hyperamylinaemia, excess adiposity and/or hyperlipidaemia. (A) and (B) improve plasma levels of glucose, **amylin** and lipids; insulin sensitivity and adiposity (by reducing lipid stores in fat and liver tissues). Other effects are: reduction in LDL-cholesterol levels (for **treatment** or **prevention** of hyperlipoproteinaemia, atherosclerosis or coronary heart disease); increased exercise tolerance (for **treating** muscle dysfunction); improved resistance to low O2 concentration (for **treating** or **preventing** disorders associated with tissue anoxia) and **prevention** of glucose-dependent protein crosslinking. When **admin**. to animals, the cpds. provide a leaner carcass

Dwg.0/0

L12 ANSWER 24 OF 24 PHIN

ACCESSION NUMBER: 91:15394 PHIN
DOCUMENT NUMBER: S00291354
DATA ENTRY DATE: 6 Nov 1991
TITLE: Glaxo and Amylin collaborate on antidiabetics
SOURCE: Scrip (1991) No. 1666 p12

DOCUMENT TYPE: Newsletter
FILE SEGMENT: FULL

FILE 'REGISTRY' ENTERED AT 12:51:44 ON 18 NOV 2005
L13 3 S KCNTATCATQRLANFLVHSSNNFGPILPSTNVGSNTY/SQSP

Seq ID 11

L13 ANSWER 1 OF 3 REGISTRY COPYRIGHT 2005 ACS on STN
RN 865891-77-6 REGISTRY
CN L-Tyrosine, L-lysyl-L-cysteinyl-L-asparaginyl-L-threonyl-L-alanyl-L-threonyl-L-cysteinyl-L-alanyl-L-threonyl-L-glutaminyl-L-arginyl-L-leucyl-L-alanyl-L-asparaginyl-L-phenylalanyl-L-leucyl-L-valyl-L-histidyl-L-seryl-L-seryl-L-asparaginyl-L-asparaginyl-L-phenylalanylglycyl-L-prolyl-L-isoleucyl-L-leucyl-L-prolyl-L-seryl-L-threonyl-L-asparaginyl-L-valylglycyl-L-seryl-L-asparaginyl-L-threonyl- (9CI) (CA INDEX NAME)
OTHER NAMES:
CN 284: PN: US20050215475 SEQID: 286 unclaimed protein
CI MAN
SQL 37

SEQ 1 KCNTATCATQ RLANFLVHSS NNFGPILPST NVGSNTY
========== ========== ========== =======
HITS AT: 1-37

RELATED SEQUENCES AVAILABLE WITH SEQLINK

REFERENCE 1: 143:353335

L13 ANSWER 2 OF 3 REGISTRY COPYRIGHT 2005 ACS on STN
RN 856043-29-3 REGISTRY
CN L-Tyrosine, L-lysyl-L-cysteinyl-L-asparaginyl-L-threonyl-L-alanyl-L-threonyl-L-cysteinyl-L-alanyl-L-threonyl-L-glutaminyl-L-arginyl-L-leucyl-L-alanyl-L-asparaginyl-L-phenylalanyl-L-leucyl-L-valyl-L-histidyl-L-seryl-L-seryl-L-asparaginyl-L-asparaginyl-L-phenylalanylglycyl-L-prolyl-L-isoleucyl-L-leucyl-L-prolyl-L-seryl-L-threonyl-L-asparaginyl-L-valylglycyl-L-seryl-L-asparaginyl-L-threonyl- (9CI) (CA INDEX NAME)
OTHER NAMES:
CN 43: PN: US20050143303 SEQID: 43 claimed protein
CI MAN
SQL 37

SEQ 1 KCNTATCATQ RLANFLVHSS NNFGPILPST NVGSNTY
========== ========== ========== =======
HITS AT: 1-37

RELATED SEQUENCES AVAILABLE WITH SEQLINK

REFERENCE 1: 143:103229

L13 ANSWER 3 OF 3 REGISTRY COPYRIGHT 2005 ACS on STN
RN 151126-28-2 REGISTRY
CN L-Tyrosinamide, L-lysyl-L-cysteinyl-L-asparaginyl-L-threonyl-L-alanyl-L-threonyl-L-cysteinyl-L-alanyl-L-threonyl-L-glutaminyl-L-arginyl-L-leucyl-L-alanyl-L-asparaginyl-L-phenylalanyl-L-leucyl-L-valyl-L-histidyl-L-seryl-L-seryl-L-asparaginyl-L-asparaginyl-L-phenylalanylglycyl-L-prolyl-L-isoleucyl-L-leucyl-L-prolyl-L-seryl-L-threonyl-L-asparaginyl-L-valylglycyl-L-seryl-L-asparaginyl-L-threonyl-, cyclic (2→7)-disulfide (9CI) (CA INDEX NAME)

OTHER CA INDEX NAMES:
CN 1,2-Dithia-5,8,11,14,17-pentaazacycloeicosane, cyclic peptide deriv.
CI MAN
SQL 37

SEQ 1 KCNTATCATQ RLANFLVHSS NNFGPILPST NVGSNTY
========== ========== ========== =======
HITS AT: 1-37

RELATED SEQUENCES AVAILABLE WITH SEQLINK

REFERENCE 1: 143:279778

REFERENCE 2: 133:203412

REFERENCE 3: 132:203629

REFERENCE 4: 131:92513

REFERENCE 5: 130:20993

REFERENCE 6: 127:327017

REFERENCE 7: 119:250512

FILE 'HCAPLUS' ENTERED AT 12:52:44 ON 18 NOV 2005
L14 9 S L13
L15 9 S L14 NOT L9

L15 ANSWER 1 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 30 Sep 2005
ACCESSION NUMBER: 2005:1050831 HCAPLUS
DOCUMENT NUMBER: 143:353335
TITLE: Methods and compositions for enhancing transmucosal delivery of bioactive peptides and proteins
INVENTOR(S): Ong, John; Jennings, Robert; Rhodes, Christopher; Stetsko, Gregg
PATENT ASSIGNEE(S): USA
SOURCE: U.S. Pat. Appl. Publ., 32 pp., Cont.-in-part of Appl. No. PCT/US04/017456.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2005215475	A1	20050929	US 2005-34706	20050112
WO 2005000222	A2	20050106	WO 2004-US17456	20040528

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW
RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW,

AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

PRIORITY APPLN. INFO.: US 2003-474233P P 20030530

WO 2004-US17456 A2 20040528

AB The present invention provides methods and compns. for enhancing the transmucosal absorption of bioactive peptides and proteins. More particularly, the invention provides compns. for enhancing the transmucosal absorption of bioactive peptides and proteins, such as exendin-4, PYY, PYY3-36, and GLP-1 and their analogs and derivs., wherein the compns. comprise an absorption enhancing mixture of a cationic polyamino acid, at least one addnl. absorption enhancing agent, and a buffer that is compatible with the polyamino acid. Also provided are methods for enhancing the transmucosal absorption and bioavailability of bioactive peptides and proteins using such compns.

IT **865891-77-6**
RL: PRP (Properties)
(unclaimed sequence; methods and compns. for enhancing transmucosal delivery of bioactive peptides and proteins)

L15 ANSWER 2 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 09 Sep 2005
ACCESSION NUMBER: 2005:985311 HCAPLUS
DOCUMENT NUMBER: 143:279778
TITLE: Methods for affecting body composition using amylin or amylin analogs
INVENTOR(S): Mack, Christine Marie; Roth, Jonathan David
PATENT ASSIGNEE(S): USA
SOURCE: U.S. Pat. Appl. Publ., 41 pp.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2005197287	A1	20050908	US 2004-851574	20040520

PRIORITY APPLN. INFO.: US 2004-550447P P 20040304

AB Methods for affecting body composition include the use of amylin or amylin agonist(s). Total body weight may be reduced, maintained or even increased; however, the body fat is reduced or body fat gain is prevented, while lean body mass is maintained or increased.

IT **151126-28-2**
RL: PAC (Pharmacological activity); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(methods for affecting body composition using amylin or amylin analogs)

L15 ANSWER 3 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 01 Jul 2005
ACCESSION NUMBER: 2005:572578 HCAPLUS
DOCUMENT NUMBER: 143:103229
TITLE: Intranasal administration of glucose-regulating peptides
INVENTOR(S): Quay, Steven C.; Costantino, Henry R.

PATENT ASSIGNEE(S): Nastech Pharmaceutical Company Inc., USA
SOURCE: U.S. Pat. Appl. Publ., 55 pp.
CODEN: USXXCO
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2005143303	A1	20050630	US 2004-991597	20041118
WO 2005065714	A1	20050721	WO 2004-US43312	20041217

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BW, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, EG, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NA, NI, NO, NZ, OM, PG, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, SY, TJ, TM, TN, TR, TT, TZ, UA, UG, US, UZ, VC, VN, YU, ZA, ZM, ZW
RW: BW, GH, GM, KE, LS, MW, MZ, NA, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IS, IT, LT, LU, MC, NL, PL, PT, RO, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG

PRIORITY APPLN. INFO.: US 2003-532337P P 20031226

AB Pharmaceutical compns. and methods are described comprising at least one glucose-regulating peptide, such as amylin, glucagon-like peptide-1 (GLP), pramlintide or exendin-4 and one or more mucosal delivery-enhancing agents for enhanced nasal mucosal delivery of the amylin, for treating a variety of diseases and conditions in mammalian subjects, including obesity and diabetes mellitus. A formulation contained anhydrous chlorobutanol 0.50, Me β-cyclodextrin 4.5, didecanoyl L-α-phospahtidylcholine 0.1, disodium edetate 0.1, sodium citrate dihydrate 0.162, citric acid 0.086, α-lactose monohydrate 0.9, sorbitol 1.82, exendin-4 0.1, and water qs to 100%.

IT **856043-29-3**
RL: THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(intranasal administration of glucose-regulating peptides)

L15 ANSWER 4 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 07 Sep 2000
ACCESSION NUMBER: 2000:622458 HCAPLUS
DOCUMENT NUMBER: 133:203412
TITLE: Methods for regulating gastrointestinal motility using amylin analogs
INVENTOR(S): Kolterman, Orville G.; Young, Andrew A.; Rink, Timothy J.; Brown, Kathleen Ann Keiting
PATENT ASSIGNEE(S): Amylin Pharmaceuticals, Inc., USA
SOURCE: U.S., 50 pp., Cont.-in-part of U.S. Ser. No. 118,381, abandoned.
CODEN: USXXAM
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE

US 6114304	A	20000905	US 1994-302069	19940907
CA 2171207	AA	19950316	CA 1994-2171207	19940907
BR 9407424	A	19960409	BR 1994-7424	19940907
EP 717635	A1	19960626	EP 1994-927398	19940907
EP 717635	B1	20001115		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LI, LU, MC, NL, PT, SE				
HU 73490	A2	19960828	HU 1996-558	19940907
CN 1134110	A	19961023	CN 1994-193931	19940907
JP 09502443	T2	19970311	JP 1994-508823	19940907
AT 197549	E	20001215	AT 1994-927398	19940907
ES 2154299	T3	20010401	ES 1994-927398	19940907
PT 717635	T	20010430	PT 1994-927398	19940907
RU 2177331	C2	20011227	RU 1996-107891	19940907
SG 98356	A1	20030919	SG 1996-7979	19940907
US 5795861	A	19980818	US 1995-471675	19950605
NO 9600899	A	19960506	NO 1996-899	19960306
US 6608029	B1	20030819	US 2000-576062	20000522
GR 3035387	T3	20010531	GR 2001-400214	20010207
US 2004097415	A1	20040520	US 2003-643681	20030818
JP 2004331674	A2	20041125	JP 2004-234571	20040811
PRIORITY APPLN. INFO.:			US 1993-118381	B2 19930907
			JP 1995-508823	A3 19940907
			US 1994-302069	A3 19940907
			WO 1994-US10225	W 19940907
			US 2000-576062	A1 20000522

OTHER SOURCE(S): MARPAT 133:203412

AB Methods for treating conditions associated with elevated, inappropriate or undesired post-prandial blood glucose levels are disclosed which comprise administration of an effective amount of an amylin agonist alone or in conjunction with other anti-gastric emptying agents. These methods may be used on a subject undergoing a gastrointestinal diagnostic procedure, for example radiol. examination or magnetic resonance imaging. Alternatively, these methods may be used to reduce gastric motility in a subject suffering from a gastrointestinal disorder, for example, spasm (which may be associated with acute diverticulitis, a disorder of the biliary tract or a disorder of the Sphincter of Oddi). In another aspect, the invention is directed to a method of treating post-prandial dumping syndrome in a subject by administering to the subject a therapeutically effective amount of an amylin agonist. In another aspect, the invention is directed to a method of accelerating gastric emptying in a subject by administering to the subject a therapeutically effective amount of an amylin antagonist. In another aspect, the invention is directed to a method of treating ingestion of a toxin by administering an amount of an amylin or an amylin agonist effective to prevent or reduce passage of stomach contents to the intestines and then aspirating the stomach contents.

IT **151126-28-2P**
RL: BAC (Biological activity or effector, except adverse); BPR (Biological process); BSU (Biological study, unclassified); SPN (Synthetic preparation); THU (Therapeutic use); BIOL (Biological study); PREP (Preparation); PROC (Process); USES (Uses)
(methods for regulating gastrointestinal motility using amylin analogs)

REFERENCE COUNT: 35 THERE ARE 35 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 5 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 29 Mar 2000
ACCESSION NUMBER: 2000:198411 HCAPLUS
DOCUMENT NUMBER: 132:203629
TITLE: Amylin agonist pharmaceutical compositions containing insulin
INVENTOR(S): L'Italien, James; Musunuri, Shankar; Ruby, Kale; Kolterman, Orville
PATENT ASSIGNEE(S): Amylin Pharmaceuticals, Inc., USA
SOURCE: S. African, 123 pp.
CODEN: SFXXAB
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
ZA 9800221	A	19980910	ZA 1998-221	19980112
PRIORITY APPLN. INFO.:			ZA 1998-221	19980112

AB A pharmaceutical composition comprising effective glucose-lowering amts. of an amylin agonist, e.g. pramlintide, and an intermediate-acting insulin, e.g. NPH insulin, is disclosed. The composition is useful for the treatment of diabetes.

IT **151126-28-2**
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(amylin agonist pharmaceutical compns. containing insulin)

L15 ANSWER 6 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 23 Jul 1999
ACCESSION NUMBER: 1999:451171 HCAPLUS
DOCUMENT NUMBER: 131:92513
TITLE: Amylin agonist pharmaceutical compositions containing insulins
INVENTOR(S): L'Italian, James; Musunuri, Shankar; Ruby, Cale; Kolterman, Orville
PATENT ASSIGNEE(S): Amylin Pharmaceuticals, Inc., USA
SOURCE: PCT Int. Appl., 104 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 9934764	A2	19990715	WO 1998-US662	19980109

W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, GH, GM, GW, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ,

MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG

AU 9859162	A1	19990726	AU 1998-59162	19980109
EP 1051141	A1	20001115	EP 1998-902526	19980109
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI				
PRIORITY APPLN. INFO.:			WO 1998-US662	A 19980109

AB A pharmaceutical composition containing an amylin agonist, e.g. 25,28,29Pro-h-amylin (pramlintide), and an insulin is provided. Also provided are methods for the preparation and use of the pharmaceutical compns. in the treatment of mammals, preferably humans, who use insulin to control blood glucose concns., particularly people with diabetes. A clin. trial was designed to evaluate a mixture containing pramlintide, NPH insulin and insulin in patients with type I diabetes mellitus.

IT **151126-28-2**
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(antidiabetic compns. containing amylin agonists and intermediate-acting insulins)

L15 ANSWER 7 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 24 Nov 1998
ACCESSION NUMBER: 1998:744964 HCAPLUS
DOCUMENT NUMBER: 130:20993
TITLE: Method for preventing gastritis using amylin or amylin agonists
INVENTOR(S): Young, Andrew; Gedulin, Bronislava; Beynon, Gareth Wyn
PATENT ASSIGNEE(S): Amylin Pharmaceuticals, Inc., USA
SOURCE: PCT Int. Appl., 48 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 9850059	A1	19981112	WO 1998-US9089	19980506
W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, GH, GM, GW, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG				
US 2002010133	A1	20020124	US 1997-851965	19970506
CA 2289548	AA	19981112	CA 1998-2289548	19980506
AU 9872840	A1	19981127	AU 1998-72840	19980506
EP 981360	A1	20000301	EP 1998-920218	19980506
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI				

JP 2001526656	T2	20011218	JP 1998-548352	19980506
PRIORITY APPLN. INFO.:			US 1997-851965	A 19970506
			WO 1998-US9089	W 19980506

AB Methods for treating or preventing gastritis or gastric injury are disclosed, comprising administering a therapeutically effective amount of an amylin or an amylin agonist. Methods are also disclosed for the treatment of conditions for which a non-steroidal anti-inflammatory agent would be indicated, comprising administering an amylin or amylin agonist in conjunction with administering a therapeutically effective amount of a non-steroidal anti-inflammatory agent. Pharmaceutical compns. comprising an amylin or amylin agonist and a non-steroidal anti-inflammatory agent are also disclosed. Rat amylin reduced the ethanol-induced gastric injury score in rats by up to 67%, as observed with the 10 μg dose. The ED50 for the gastroprotective effect of amylin in this exptl. system was 0.036 μg/rat.

IT **151126-28-2**
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(amylin or amylin receptor agonists for treating or preventing NSAID-induced gastric injury)

REFERENCE COUNT: 7 THERE ARE 7 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L15 ANSWER 8 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 30 Oct 1997
ACCESSION NUMBER: 1997:686976 HCAPLUS
DOCUMENT NUMBER: 127:327017
TITLE: Methods and compositions for treating pain with amylin or agonists thereof
INVENTOR(S): Young, Andrew A.
PATENT ASSIGNEE(S): Amylin Pharmaceuticals, Inc., USA
SOURCE: U.S., 21 pp.
CODEN: USXXAM
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 5677279	A	19971014	US 1996-767169	19961216
CA 2274967	AA	19980625	CA 1997-2274967	19971212
WO 9826796	A1	19980625	WO 1997-US23015	19971212
W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, GH, GM, GW, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM				
RW: GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG				
AU 9877356	A1	19980715	AU 1998-77356	19971212
AU 727688	B2	20001221		
EP 964695	A1	19991222	EP 1997-949809	19971212

EP 964695	B1	20050615			
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, FI					
AT 297753	E	20050715	AT 1997-949809		19971212
ZA 9711255	A	19980902	ZA 1997-11255		19971215
PRIORITY APPLN. INFO.:			US 1996-767169	A	19961216
			WO 1997-US23015	W	19971212

AB Methods for treating pain are disclosed which comprise administration of a therapeutically effective amount of an amylin or an amylin agonist alone or in conjunction with a narcotic analgesic or other pain relief agent.

IT **151126-28-2**
RL: BAC (Biological activity or effector, except adverse); BSU (Biological study, unclassified); THU (Therapeutic use); BIOL (Biological study); USES (Uses)
(methods and compns. for treating pain with amylin or agonists thereof)

L15 ANSWER 9 OF 9 HCAPLUS COPYRIGHT 2005 ACS on STN
ED Entered STN: 11 Dec 1993
ACCESSION NUMBER: 1993:650512 HCAPLUS
DOCUMENT NUMBER: 119:250512
TITLE: Preparation of amylin agonists for treatment of diabetes and hypoglycemia
INVENTOR(S): Gaeta, Laura S. L.; Jones, Howard; Albrecht, Elisabeth
PATENT ASSIGNEE(S): Amylin Pharmaceuticals, Inc., USA
SOURCE: PCT Int. Appl., 43 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 2
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
WO 9310146	A1	19930527	WO 1992-US9842	19921119
W: AU, BB, BG, BR, CA, CS, FI, HU, JP, KP, KR, LK, MG, MN, MW, NO, PL, RO, RU, SD				
RW: AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LU, MC, NL, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, SN, TD, TG				
CA 2100745	AA	19930520	CA 1992-2100745	19921119
AU 9230753	A1	19930615	AU 1992-30753	19921119
AU 673147	B2	19961031		
EP 567626	A1	19931103	EP 1992-924442	19921119
EP 567626	B1	20010919		
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IE, IT, LI, LU, MC, NL, SE				
HU 64975	A2	19940328	HU 1993-2061	19921119
JP 06504794	T2	19940602	JP 1993-509441	19921119
JP 2902115	B2	19990607		
RU 2130463	C1	19990520	RU 1993-53497	19921119
JP 11152299	A2	19990608	JP 1998-277573	19921119
AT 205854	E	20011015	AT 1992-924442	19921119
EP 1162207	A1	20011212	EP 2001-114132	19921119
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, IE				
ES 2161697	T3	20011216	ES 1992-924442	19921119
JP 2003238594	A2	20030827	JP 2003-7228	19921119

NO 9302603	A	19930917	NO 1993-2603	19930719
US 5686411	A	19971111	US 1995-447849	19950523
AU 9712456	A1	19970327	AU 1997-12456	19970131
AU 714439	B2	20000106		
US 5998367	A	19991207	US 1997-892549	19970714
US 2002187923	A1	20021212	US 1999-454533	19991206
US 6610824	B2	20030826		
GR 3036794	T3	20020131	GR 2001-401656	20011004
US 2004038900	A1	20040226	US 2003-649138	20030826
PRIORITY APPLN. INFO.:			US 1991-794266	A 19911119
			US 1991-667040	B2 19910308
			EP 1992-924442	A3 19921119
			JP 1993-509441	A3 19921119
			JP 1998-277573	A3 19921119
			WO 1992-US9842	A 19921119
			US 1995-447849	A3 19950523
			US 1997-892549	A1 19970714
			US 1999-454533	A1 19991206

OTHER SOURCE(S): MARPAT 119:250512

AB A-X-Asn-Thr-Ala-Thr-Y-Ala-Thr-Gln-Arg-Leu-B-Asn-Phe-Leu-C-D-E-F-G-Asn-H-Gly-I-J-Leu-K-L-Thr-M-Val-Gly-Ser-Asn-Thr-Tyr-Z [A = Lys, Ala, Ser, H; B = Ala, Ser, Thr; C = Val, Leu, Ile; D = His, Arg; E = Ser, Thr; F = Ser, Thr, Gln, Asn; G = Asn, Gln, His; H = Phe, Leu, Tyr; I = Ala, Pro; J = Ile, Val, Ala, Leu; K = Ser, Pro, Leu, Ile, Thr; L = Ser, Pro, Thr; M = Asn, Asp, Gln; X, Y = residues having side chains chemical bonded to each other to form an intramol. linkage; Z = amino, (di)alkylamino, cycloalkylamino, arylamino, alkoxy, aryloxy, etc.; with provisos], were prepared Thus, 25,28,29Pro-h-amylin, prepared by solid phase synthesis on methylbenzhydrylamine resin using Nα-BOC-protected/benzyl-side chain-protected amino acids followed by cyclization and deprotection, bound to rat brain basal forebrain prepns. with IC50 = 10.0 pM. This compound showed amylin activity in vitro, provoking marked hyperlactemia followed by hyperglycemia; it also shows improved solubility/stability relative to h-amylin.

IT **151126-28-2P**

RL: SPN (Synthetic preparation); PREP (Preparation)
(preparation of, as amylin agonist)

(FILE 'MEDLINE, BIOSIS, EMBASE' ENTERED AT 12:53:33 ON 18 NOV 2005)

L16 0 S L13

(FILE 'HCAPLUS, MEDLINE, BIOSIS, EMBASE, WPIDS, JICST-EPLUS, JAPIO, PHIC, PHIN, TOXCENTER, DISSABS, PASCAL, FEDRIP' ENTERED AT 12:54:08 ON 18 NOV 2005)

L17 9 S "DUFT B"?/AU
L18 610 S "KOLTERMAN O"?/AU
L19 3 S L17 AND L18
L20 203 S (L17 OR L18) AND L5
L21 46 S L20 AND L6

- Author(s)

Searcher : Shears 571-272-2528

L22 17 S L21 AND ADMIN?
L23 17 S L19 OR L22
L24 11 DUP REM L23 (6 DUPLICATES REMOVED)

L24 ANSWER 1 OF 11 MEDLINE on STN
ACCESSION NUMBER: 2004197929 MEDLINE
DOCUMENT NUMBER: PubMed ID: 15090634
TITLE: Effect of **pramlintide** on weight in **overweight** and **obese** insulin-treated type 2 diabetes patients.
AUTHOR: Hollander Priscilla; Maggs David G; Ruggles James A; Fineman Mark; Shen Larry; **Kolterman Orville G** ; Weyer Christian
CORPORATE SOURCE: Baylor College of Medicine, Dallas, Texas, USA.
SOURCE: Obesity research, (2004 Apr) 12 (4) 661-8. Journal code: 9305691. ISSN: 1071-7323.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL) Journal; Article; (JOURNAL ARTICLE) (RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200407
ENTRY DATE: Entered STN: 20040420 Last Updated on STN: 20040717 Entered Medline: 20040716

AB OBJECTIVE: Several randomized, placebo-controlled, double-blind trials in insulin-treated patients with type 2 diabetes have shown that adjunctive therapy with **pramlintide** reduces hemoglobin (Hb)A1c with concomitant weight loss. This analysis further characterizes the weight-lowering effect of **pramlintide** in this patient population. RESEARCH METHODS AND PROCEDURES: This pooled post hoc analysis of two long-term trials included all patients who were **overweight/obese** at baseline (BMI > 25 kg/m2), and who were treated with either 120 microg **pramlintide** BID (n = 254; HbA1c 9.2%; weight, 96.1 kg) or placebo (n = 244; HbA1c 9.4%; weight, 95.0 kg). Statistical endpoints included changes from baseline to week 26 in HbA1c, body weight, and insulin use. RESULTS: **Pramlintide** treatment resulted in significant reductions from baseline to week 26, compared with placebo, in HbA1c and body weight (both, p < 0.0001), for placebo-corrected reductions of -0.41% and -1.8 kg, respectively. Approximately three times the number of patients using **pramlintide** experienced a > or = 5% reduction of body weight than with placebo (9% vs. 3%, p = 0.0005). Patients using **pramlintide** also experienced a proportionate decrease in total daily insulin use (r = 0.39, p < 0.0001). The greatest placebo-corrected reductions in weight at week 26 were observed in **pramlintide**-treated patients with a BMI >40 kg/m2 and in those concomitantly treated with metformin (both, p < 0.001), for placebo-corrected reductions of -3.2 kg and -2.5 kg, respectively. DISCUSSION: These findings support further evaluation of the weight-lowering potential of **pramlintide** in **obese** patients with type 2 diabetes.

L24 ANSWER 2 OF 11 MEDLINE on STN
ACCESSION NUMBER: 2004037199 MEDLINE
DOCUMENT NUMBER: PubMed ID: 14737746
TITLE: **Pramlintide** reduces postprandial glucose

excursions when added to insulin lispro in subjects with type 2 diabetes: a dose-timing study.
AUTHOR: Maggs David G; Fineman Mark; Kornstein Jonathan; Burrell Terrie; Schwartz Sherwyn; Wang Yan; Ruggles James A; **Kolterman Orville G**; Weyer Christian
CORPORATE SOURCE: Amylin Pharmaceuticals, Inc, San Diego, California 92121, USA.. dmaggs@amylin.com
SOURCE: Diabetes/metabolism research and reviews, (2004 Jan-Feb) 20 (1) 55-60.
Journal code: 100883450. ISSN: 1520-7552.
PUB. COUNTRY: England: United Kingdom
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200409
ENTRY DATE: Entered STN: 20040123
Last Updated on STN: 20040921
Entered Medline: 20040917

AB BACKGROUND: To assess the postprandial glucose-lowering effect of the human **amylin** analog **pramlintide** when given with insulin lispro in subjects with type 2 diabetes, with an emphasis on the optimal dose timing relative to meals. METHODS: In this randomized, single-blind, placebo-controlled, five-way crossover study, 19 subjects with type 2 diabetes using insulin lispro underwent five consecutive mixed-meal tests. In randomized order, subjects received subcutaneous injections of placebo at -15 min or 120-microg **pramlintide** at -15, 0, +15, or +30 min relative to the standardized breakfast after an overnight fast. Insulin lispro was injected at 0 min at doses that were adjusted appropriately for both the content of the standardized meal and the anticipated effects of **pramlintide**. Plasma glucose concentrations were measured before and during the 4-h postmeal period. RESULTS: When injected at 0 min, **pramlintide** reduced the postprandial glucose excursion by 81% compared to insulin lispro + placebo (incremental AUC(0-4 h) (mean +/- SE) 2.0 +/- 1.5 vs. 10.4 +/- 2.2 mmol/h/L, $P<0.05$). When **pramlintide** was injected at -15, +15, and +30 min, the postprandial incremental glucose AUC(0-4 h) was also significantly reduced ($P<0.05$), but to a lesser extent (42 to 73%). **Pramlintide** treatment was well tolerated and no serious adverse events were reported. CONCLUSIONS: **Administration** of **pramlintide** either at or just prior to a meal caused a greater reduction in postprandial glucose than either **administration** of placebo or postmeal **pramlintide** injections in subjects with type 2 diabetes treated with a rapid-acting insulin analog, insulin lispro.

L24 ANSWER 3 OF 11 HCAPLUS COPYRIGHT 2005 ACS on STN DUPLICATE 1
ACCESSION NUMBER: 2003:532326 HCAPLUS
DOCUMENT NUMBER: 139:63796
TITLE: Use of **amylin** agonists to modulate triglycerides
INVENTOR(S): **Kolterman, Orville G.**; Weyer, Christian; Maggs, David G.; Fineman, Mark
PATENT ASSIGNEE(S): USA
SOURCE: U.S. Pat. Appl. Publ., 12 pp.
CODEN: USXXCO

DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
US 2003130177	A1	20030710	US 2003-337979	20030108
CA 2475173	AA	20030717	CA 2003-2475173	20030108
WO 2003057244	A2	20030717	WO 2003-US369	20030108
WO 2003057244	A3	20031218		
W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CO, CR, CU, CZ, DE, DK, DM, DZ, EC, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, OM, PH, PL, PT, RO, RU, SC, SD, SE, SG, SK, SL, TJ, TM, TN, TR, TT, TZ, UA, UG, UZ, VC, VN, YU, ZA, ZM, ZW				
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZM, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM, AT, BE, BG, CH, CY, CZ, DE, DK, EE, ES, FI, FR, GB, GR, HU, IE, IT, LU, MC, NL, PT, SE, SI, SK, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GQ, GW, ML, MR, NE, SN, TD, TG				
EP 1474164	A2	20041110	EP 2003-729360	20030108
R: AT, BE, CH, DE, DK, ES, FR, GB, GR, IT, LI, LU, NL, SE, MC, PT, IE, SI, LT, LV, FI, RO, MK, CY, AL, TR, BG, CZ, EE, HU, SK				

PRIORITY APPLN. INFO.: US 2002-347128P P 20020108
WO 2003-US369 W 20030108

AB Methods of improving lipid profile, including methods for lowering fasting triglyceride levels and post-prandial triglyceride excursions are disclosed comprising **administering** an effective amount of an **amylin** or **amylin** agonist.

L24 ANSWER 4 OF 11 MEDLINE on STN DUPLICATE 2
ACCESSION NUMBER: 2003587288 MEDLINE
DOCUMENT NUMBER: PubMed ID: 14669170
TITLE: Effect of **pramlintide** on A1C and body weight in insulin-treated African Americans and Hispanics with type 2 diabetes: a pooled post hoc analysis.
AUTHOR: Maggs D; Shen L; Strobel S; Brown D; **Kolterman O**; Weyer C
CORPORATE SOURCE: Amylin Pharmaceuticals, Inc, San Diego, CA 92121, USA.
SOURCE: Metabolism: clinical and experimental, (2003 Dec) 52 (12) 1638-42.
Journal code: 0375267. ISSN: 0026-0495.
PUB. COUNTRY: United States
DOCUMENT TYPE: (CLINICAL TRIAL)
Journal; Article; (JOURNAL ARTICLE)
(RANDOMIZED CONTROLLED TRIAL)
LANGUAGE: English
FILE SEGMENT: Priority Journals
ENTRY MONTH: 200402
ENTRY DATE: Entered STN: 20031216
Last Updated on STN: 20040207
Entered Medline: 20040206

AB An unresolved problem in the management of type 2 diabetes is that improvement of glycemic control with insulin, insulin secretagogues, and insulin sensitizers is often accompanied by undesired

weight gain. This problem is of particular concern in ethnic groups with a high propensity for diabetes and **obesity**, such as African Americans and Hispanics. Two 1-year, randomized, double-blind, placebo-controlled clinical trials in insulin-treated patients with type 2 diabetes have shown that adjunctive therapy with **pramlintide**, an analog of the human beta-cell hormone **amylin**, reduces A(1C) with concomitant weight loss, rather than **weight gain**. To assess the effect of **pramlintide** in various ethnic groups with type 2 diabetes using insulin, we conducted a pooled post hoc analysis of the 2 trials, which included all Caucasian (n = 315), African American (n = 47), and Hispanic (n = 48) patients (age 57 years, A(1C) 9.1%, body mass index [BMI] 33 kg/m(2), mean values) who completed 52 weeks of treatment with either **pramlintide** (120 microg twice daily or 150 microg 3 times a day) or placebo. Primary endpoints included changes from baseline to week 52 in A(1C) and body weight. Collectively, **pramlintide**-treated patients achieved significant reductions from baseline in both A(1C) and body weight (placebo-corrected treatment effects at week 52: -0.5% and -2.6 kg, respectively, both P <.0001). The simultaneous reduction in A(1C) and body weight at week 52 was evident across all 3 ethnic groups and appeared to be most pronounced in African Americans (-0.7%, -4.1 kg), followed by Caucasians (-0.5%, -2.4 kg) and Hispanics (-0.3%, -2.3 kg). The glycemic improvement with **pramlintide** was not associated with an increased incidence of hypoglycemia over the entire study period (43% **pramlintide** v 40% placebo). Nausea, the most common adverse event associated with **pramlintide** treatment, was mostly mild and confined to the first 4 weeks of therapy (25% **pramlintide** v 16% placebo) with comparable patterns in the 3 ethnic groups. Thus, pending further experience, the combined improvement in glycemic and weight control with **pramlintide** treatment appears to be generalizable to a broad population of mixed ethnicity.

L24 ANSWER 5 OF 11 EMBASE

ACCESSION NUMBER: 2003491866 EMBASE

TITLE: Addition of **pramlintide** to insulin therapy lowers HbA(1c) in conjuction with weight loss in patients with type 2 diabetes approaching glycaemic targets.

AUTHOR: Hollander P.; Ratner R.; Fineman M.; Strobel S.; Shen L.; Maggs D.; **Kolterman O.**; Weyer C.

CORPORATE SOURCE: Dr. C. Weyer, Amylin Pharmaceuticals Inc., 9360 Towne Centre Drive, San Diego, CA 92121, United States. cweyer@amylin.com

SOURCE: Diabetes, Obesity and Metabolism, (2003) Vol. 5, No. 6, pp. 408-414.
Refs: 33
ISSN: 1462-8902 CODEN: DOMEF6

COUNTRY: United Kingdom

DOCUMENT TYPE: Journal; Article

FILE SEGMENT:
003 Endocrinology
006 Internal Medicine
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 20031229
Last Updated on STN: 20031229

AB Aim: Two long-term, randomized, double-blind, placebo-controlled clinical trials in insulin-using patients with type 2 diabetes, spanning a wide range of baseline glycaemic control, have shown that the addition of **pramlintide**, an analogue of the β-cell hormone **amylin**, to pre-existing insulin regimens results in reductions in HbA(1c) that are accompanied by weight loss. Methods: To assess whether this profile of **pramlintide** is observed in patients approaching, but not yet reaching, glycaemic targets, we conducted a pooled post hoc analysis of the two trials, including all patients with an entry HbA(1c) between 7.0 and 8.5%. Within this subset of patients, 80 were treated with placebo + insulin [baseline HbA(1c) 8.0 ± 0.3%, weight 87.3 ± 19.3 kg (mean ± s.d.)] and 86 with **pramlintide** (120 μg bid) + insulin [HbA(1c) 8.0 ± 0.4%, weight 92.5 ± 20.4 kg (mean ± s.d.)]. Endpoints included changes from baseline to Week 26 in HbA(1c), body weight, and the event rate of severe hypoglycaemia. Results: Adjunctive therapy with **pramlintide** resulted in significant reductions in both HbA(1c) and body weight from baseline to Week 26 (-0.43% and -2.0 kg differences from placebo, respectively, both $p < 0.001$). These changes were achieved without a concomitant increase in the overall rate of severe hypoglycaemic events (0.13 **pramlintide** vs. 0.19 placebo, events/patient year of exposure). Conclusions: The data from this post hoc analysis indicate that the addition of **pramlintide** to insulin therapy may help patients with type 2 diabetes who are approaching, but not yet reaching, glycaemic targets to achieve further reductions in HbA(1c) without concomitant **weight gain** and **increased** risk of severe hypoglycaemia.

L24 ANSWER 6 OF 11 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN

ACCESSION NUMBER: 2003:459374 BIOSIS
DOCUMENT NUMBER: PREV200300459374
TITLE: Adjunctive therapy with **pramlintide** lowers A1c without concomitant **weight gain** in patients with type 2 diabetes approaching ADA glycemic targets.
AUTHOR(S): Weyer, Christian [Reprint Author]; Fineman, Mark [Reprint Author]; Burrell, Terrie [Reprint Author]; Strobel, Susan [Reprint Author]; Shen, Larry [Reprint Author]; **Kolterman, Orville** [Reprint Author]
CORPORATE SOURCE: San Diego, CA, USA
SOURCE: Diabetes, (2003) Vol. 52, No. Supplement 1, pp. A138. print.
Meeting Info.: 63rd Scientific Sessions of the American Diabetes Association. New Orleans, LA, USA. June 13-17, 2003. American Diabetes Association.
ISSN: 0012-1797 (ISSN print).
DOCUMENT TYPE: Conference; (Meeting)
Conference; (Meeting Poster)
Conference; Abstract; (Meeting Abstract)
LANGUAGE: English
ENTRY DATE: Entered STN: 8 Oct 2003
Last Updated on STN: 8 Oct 2003

L24 ANSWER 7 OF 11 HCAPLUS COPYRIGHT 2005 ACS on STN
ACCESSION NUMBER: 2002:680696 HCAPLUS

DOCUMENT NUMBER: 137:211181
TITLE: Adjunctive therapy with the **amylin** analogue **pramlintide** leads to a combined improvement in glycemic and weight control in insulin-treated subjects with type 2 diabetes
AUTHOR(S): Ratner, Robert E.; Want, Laura L.; Fineman, Mark S.; Velte, Maggie J.; Ruggles, James A.; Gottlieb, Alan; Weyer, Christian; **Kolterman, Orville G.**
CORPORATE SOURCE: Medstar Research Institute, Washington, DC, USA
SOURCE: Diabetes Technology & Therapeutics (2002), 4(1), 51-61
CODEN: DTTHFH; ISSN: 1520-9156
PUBLISHER: Mary Ann Liebert, Inc.
DOCUMENT TYPE: Journal
LANGUAGE: English

AB The objective of this study was to assess the effect of mealtime **amylin** replacement with **pramlintide** on long-term glycemic and weight control in subjects with type 2 diabetes. This 52-wk, randomized, placebo-controlled, multicenter, double-blind, dose-ranging study in 538 insulin-treated subjects with type 2 diabetes compared the efficacy and safety of 30-, 75-, or 150-μg doses of **pramlintide**, a synthetic analog of the β-cell hormone **amylin**, to placebo when injected s.c. three times daily (TID) with major meals. **Pramlintide** therapy led to a mean reduction in HbA1c of 0.9% and 1.0% from baseline to week 13 in the 75- and 150-μg dose groups, which was significant compared to placebo ($p = 0.0004$ and $p = 0.0002$, resp.). In the 150-μg dose group, there was a mean reduction in HbA1c of 0.6% from baseline to week 52 ($p = 0.0068$ compared to placebo). The greater reduction in HbA1c with **pramlintide** was achieved without increases in insulin use or severe hypoglycemia, and was accompanied by a significant ($p < 0.05$) reduction in body weight in all dose groups compared to placebo. Three times the proportion of subjects in the 150-μg **pramlintide** group compared to the placebo group achieved a concomitant reduction in both HbA1c and body weight from baseline to week 52 (48% vs. 16%). The most common adverse event reported with **pramlintide** treatment was nausea, which was mild to moderate and dissipated early in treatment. The results from this study support the safety and efficacy of **pramlintide administered** three times a day with major meals, in conjunction with insulin therapy, for improving long-term glycemic and weight control in subjects with type 2 diabetes.

REFERENCE COUNT: 43 THERE ARE 43 CITED REFERENCES AVAILABLE FOR THIS RECORD. ALL CITATIONS AVAILABLE IN THE RE FORMAT

L24 ANSWER 8 OF 11 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN
ACCESSION NUMBER: 2002:580055 BIOSIS
DOCUMENT NUMBER: PREV200200580055
TITLE: Adjunctive therapy with **pramlintide** lowers HbA1c without concomitant **weight gain** and **increased** risk of severe hypoglycemia in patients with type 1 diabetes approaching glycemic targets.
AUTHOR(S): **Kolterman, O.** [Reprint author]; Maggs, D. [Reprint author]; Fineman, M. [Reprint author];

Burrell, T. [Reprint author]; Strobel, S. [Reprint author]; Shen, L. [Reprint author]; Weyer, C. [Reprint author]
CORPORATE SOURCE: Amylin Pharmaceuticals, Inc., San Diego, CA, USA
SOURCE: Diabetologia, (August, 2002) Vol. 45, No. Supplement 2, pp. A 240. print.
Meeting Info.: 38th Annual Meeting of the European Association for the Study of Diabetes (EASD). Budapest, Hungary. September 01-05, 2002. European Association for the Study of Diabetes.
CODEN: DBTGAJ. ISSN: 0012-186X.
DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LANGUAGE: English
ENTRY DATE: Entered STN: 13 Nov 2002
Last Updated on STN: 13 Nov 2002

L24 ANSWER 9 OF 11 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN DUPLICATE 3
ACCESSION NUMBER: 2002:568942 BIOSIS
DOCUMENT NUMBER: PREV200200568942
TITLE: **Amylin** replacement with **pramlintide** as an adjunct to insulin therapy facilitates a combined improvement in glycemic and weight control in type 1 diabetes.
AUTHOR(S): Weyer, C. [Reprint author]; Maggs, D. G. [Reprint author]; Fineman, M. [Reprint author]; Gottlieb, A. D. [Reprint author]; Shen, L. Z. [Reprint author]; **Kolterman, O. G.** [Reprint author]
CORPORATE SOURCE: Amylin Pharmaceuticals, Inc., 9373 Towne Centre Drive, San Diego, CA, 92121, USA
SOURCE: Diabetologia, (August, 2001) Vol. 44, No. Supplement 1, pp. A237. print.
Meeting Info.: 37th Annual Meeting of the European Association for the Study of Diabetes. Glasgow, Scotland, UK. September 09-13, 2001. European Association for the Study of Diabetes.
CODEN: DBTGAJ. ISSN: 0012-186X.
DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LANGUAGE: English
ENTRY DATE: Entered STN: 7 Nov 2002
Last Updated on STN: 7 Nov 2002

L24 ANSWER 10 OF 11 BIOSIS COPYRIGHT (c) 2005 The Thomson Corporation on STN DUPLICATE 4
ACCESSION NUMBER: 2002:568941 BIOSIS
DOCUMENT NUMBER: PREV200200568941
TITLE: **Amylin** replacement with **pramlintide** as an adjunct to insulin therapy facilitates a combined improvement in glycemic and weight control in type 2 diabetes.
AUTHOR(S): Maggs, D. G. [Reprint author]; Weyer, C. [Reprint author]; Burrell, T. [Reprint author]; Gottlieb, A. D. [Reprint author]; Shen, L. Z. [Reprint author]; **Kolterman, O. G.** [Reprint author]
CORPORATE SOURCE: Amylin Pharmaceuticals, Inc., 9373 Towne Centre Drive, San Diego, CA, 92121, USA
SOURCE: Diabetologia, (August, 2001) Vol. 44, No. Supplement 1,

pp. A237. print.
Meeting Info.: 37th Annual Meeting of the European Association for the Study of Diabetes. Glasgow, Scotland, UK. September 09-13, 2001. European Association for the Study of Diabetes.
CODEN: DBTGAJ. ISSN: 0012-186X.
DOCUMENT TYPE: Conference; (Meeting)
Conference; Abstract; (Meeting Abstract)
LANGUAGE: English
ENTRY DATE: Entered STN: 7 Nov 2002
Last Updated on STN: 7 Nov 2002

L24 ANSWER 11 OF 11 HCAPLUS COPYRIGHT 2005 ACS on STN DUPLICATE 5
ACCESSION NUMBER: 1998:804202 HCAPLUS
DOCUMENT NUMBER: 130:33501
TITLE: Methods for treating **obesity**
INVENTOR(S): **Duft, Bradford J.; Kolterman, Orville**
PATENT ASSIGNEE(S): Amylin Pharmaceuticals, Inc., USA
SOURCE: PCT Int. Appl., 58 pp.
CODEN: PIXXD2
DOCUMENT TYPE: Patent
LANGUAGE: English
FAMILY ACC. NUM. COUNT: 1
PATENT INFORMATION:

PATENT NO.	KIND	DATE	APPLICATION NO.		DATE
WO 9855144	A1	19981210	WO 1998-US11753		19980605
W: AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, CA, CH, CN, CU, CZ, DE, DK, EE, ES, FI, GB, GE, GH, GM, GW, HU, ID, IL, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MD, MG, MK, MN, MW, MX, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, UA, UG, US, UZ, VN, YU, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM					
RW: GH, GM, KE, LS, MW, SD, SZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, BF, BJ, CF, CG, CI, CM, GA, GN, ML, MR, NE, SN, TD, TG					
US 2003026812	A1	20030206	US 1997-870762		19970606
AU 9878230	A1	19981221	AU 1998-78230		19980605
NZ 501451	A	20011026	NZ 1998-501451		19980605
RU 2207871	C2	20030710	RU 2000-100346		19980605
CZ 294983	B6	20050413	CZ 1999-4360		19980605
BR 9809951	A	20000801	BR 1998-9951		19980606
NO 9905996	A	20000207	NO 1999-5996		19991206
US 2004022807	A1	20040205	US 1999-445517		19991206
PRIORITY APPLN. INFO.:			US 1997-870762	A	19970606
			WO 1998-US11753	W	19980605

AB Methods for treating **obesity** are disclosed which comprise **administration** of a therapeutically effective amount of an **amylin** or an **amylin** agonist, e.g., **pramlintide**, alone or in conjunction with another **obesity** relief agent. Addnl., methods for reducing insulin-induced **weight gain** are disclosed which comprise **administration** of a therapeutically effective amount of an **amylin** or an **amylin** agonist.
REFERENCE COUNT: 30 THERE ARE 30 CITED REFERENCES AVAILABLE FOR

THIS RECORD. ALL CITATIONS AVAILABLE IN THE
RE FORMAT

FILE 'HOME' ENTERED AT 12:58:02 ON 18 NOV 2005

Searcher : Shears 571-272-2528

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=> d his ful

     (FILE 'HOME' ENTERED AT 12:08:46 ON 18 NOV 2005)
               DEL HIS Y

     FILE 'REGISTRY' ENTERED AT 12:38:24 ON 18 NOV 2005
L1             64 SEA ABB=ON  PLU=ON  AMYLIN?/CN
                  E PRAMLINTIDE/CN 5
L2              2 SEA ABB=ON  PLU=ON  (PRAMLINTIDE/CN OR "PRAMLINTIDE
                  ACETATE"/CN)
L3             22 SEA ABB=ON  PLU=ON  ?HUMAN AMYLIN?/CNS
L4             85 SEA ABB=ON  PLU=ON  L1 OR L2 OR L3

     FILE 'HCAPLUS' ENTERED AT 12:38:54 ON 18 NOV 2005
L5           5871 SEA ABB=ON  PLU=ON  L4 OR AMYLIN OR AC128 OR IAPP OR
                  (ISLET OR INSULINOM?)(W)AMYLOID OR DAP OR DIABET?(W)(ASSOCI
                  AT? OR ASS##)(W)(PROTEIN OR POLYPROTEIN OR PEPTIDE OR
                  POLYPEPTIDE) OR PRAMLINTIDE OR AC0137 OR AC137 OR AC(W)(013
                  7 OR 137 OR 128) OR AMLINTIDE OR SYMLIN
L6         144446 SEA ABB=ON  PLU=ON  OBESITY OR OBESE OR OVERWEIGH? OR
                  OVER(W)(WT OR WEIGH? OR EAT OR EATING) OR OVEREAT? OR
                  ANTIOBES? OR (WT OR WEIGH?)(3A)(GAIN OR INCREAS?)
L7            150 SEA ABB=ON  PLU=ON  L5(L)L6
L8            100 SEA ABB=ON  PLU=ON  L7(L)(TREAT? OR THERAP? OR PREVENT? OR
                  CONTROL?)
L9             16 SEA ABB=ON  PLU=ON  L8(L)ADMIN?

     FILE 'REGISTRY' ENTERED AT 12:42:18 ON 18 NOV 2005

     FILE 'HCAPLUS' ENTERED AT 12:42:18 ON 18 NOV 2005
               D QUE
               D L9 1-16 .BEVSTR

     FILE 'MEDLINE, BIOSIS, EMBASE, WPIDS, JICST-EPLUS, JAPIO, PHIC, PHIN,
     TOXCENTER, DISSABS, PASCAL, FEDRIP' ENTERED AT 12:42:21 ON 18 NOV 2005
L10            85 SEA ABB=ON  PLU=ON  L9
L11            39 SEA ABB=ON  PLU=ON  L10 AND HUMAN?
L12            24 DUP REM L11 (15 DUPLICATES REMOVED)
               D 1-24 IBIB ABS

     FILE 'REGISTRY' ENTERED AT 12:51:44 ON 18 NOV 2005
L13             3 SEA ABB=ON  PLU=ON  KCNTATCATQRLANFLVHSSNNFGPILPSTNVGSNTY/S
                  QSP
               D 1-3 .BEVREG1

     FILE 'HCAPLUS' ENTERED AT 12:52:44 ON 18 NOV 2005
L14             9 SEA ABB=ON  PLU=ON  L13
L15             9 SEA ABB=ON  PLU=ON  L14 NOT L9
               D 1-9 .BEVSTR

     FILE 'MEDLINE, BIOSIS, EMBASE' ENTERED AT 12:53:33 ON 18 NOV 2005
L16             0 SEA ABB=ON  PLU=ON  L13

     FILE 'HCAPLUS, MEDLINE, BIOSIS, EMBASE, WPIDS, JICST-EPLUS, JAPIO,
     PHIC, PHIN, TOXCENTER, DISSABS, PASCAL, FEDRIP' ENTERED AT 12:54:08
     ON 18 NOV 2005
L17             9 SEA ABB=ON  PLU=ON  "DUFT B"?/AU
L18           610 SEA ABB=ON  PLU=ON  "KOLTERMAN O"?/AU
L19             3 SEA ABB=ON  PLU=ON  L17 AND L18
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L20         203 SEA ABB=ON  PLU=ON  (L17 OR L18) AND L5
L21          46 SEA ABB=ON  PLU=ON  L20 AND L6
L22          17 SEA ABB=ON  PLU=ON  L21 AND ADMIN?
L23          17 SEA ABB=ON  PLU=ON  L19 OR L22
L24          11 DUP REM L23 (6 DUPLICATES REMOVED)
                D 1-11 IBIB ABS
```

FILE 'HOME' ENTERED AT 12:58:02 ON 18 NOV 2005

FILE REGISTRY
Property values tagged with IC are from the ZIC/VINITI data file provided by InfoChem.

STRUCTURE FILE UPDATES: 16 NOV 2005 HIGHEST RN 868209-27-2
DICTIONARY FILE UPDATES: 16 NOV 2005 HIGHEST RN 868209-27-2

New CAS Information Use Policies, enter HELP USAGETERMS for details.

TSCA INFORMATION NOW CURRENT THROUGH JULY 14, 2005

Please note that search-term pricing does apply when conducting SmartSELECT searches.

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**********************************************************************
*                                                                    *
* The CA roles and document type information have been removed from  *
* the IDE default display format and the ED field has been added,    *
* effective March 20, 2005.  A new display format, IDERL, is now     *
* available and contains the CA role and document type information.  *
*                                                                    *
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```

Structure search iteration limits have been increased. See HELP SLIMI for details.

REGISTRY includes numerically searchable data for experimental and predicted properties as well as tags indicating availability of experimental property data in the original document. For information on property searching in REGISTRY, refer to:

http://www.cas.org/ONLINE/UG/regprops.html

FILE HCAPLUS

FILE COVERS 1907 - 18 Nov 2005 VOL 143 ISS 22
FILE LAST UPDATED: 17 Nov 2005 (20051117/ED)

New CAS Information Use Policies, enter HELP USAGETERMS for details.

This file contains CAS Registry Numbers for easy and accurate substance identification.

FILE MEDLINE
FILE LAST UPDATED: 16 NOV 2005 (20051116/UP). FILE COVERS 1950 TO DA

On December 19, 2004, the 2005 MeSH terms were loaded.

The MEDLINE reload for 2005 is now available. For details enter HELP RLOAD at an arrow promt (=>). See also:

http://www.nlm.nih.gov/mesh/
http://www.nlm.nih.gov/pubs/techbull/nd04/nd04_mesh.html

OLDMEDLINE now back to 1950.

MEDLINE thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2005 vocabulary.

This file contains CAS Registry Numbers for easy and accurate substance identification.

FILE BIOSIS
FILE COVERS 1969 TO DATE.
CAS REGISTRY NUMBERS AND CHEMICAL NAMES (CNs) PRESENT
FROM JANUARY 1969 TO DATE.

RECORDS LAST ADDED: 16 November 2005 (20051116/ED)

FILE RELOADED: 19 October 2003.

FILE EMBASE
FILE COVERS 1974 TO 17 Nov 2005 (20051117/ED)

EMBASE has been reloaded. Enter HELP RLOAD for details.

This file contains CAS Registry Numbers for easy and accurate substance identification.

FILE WPIDS
FILE LAST UPDATED: 17 NOV 2005 <20051117/UP>
MOST RECENT DERWENT UPDATE: 200574 <200574/DW>
DERWENT WORLD PATENTS INDEX SUBSCRIBER FILE, COVERS 1963 TO DATE

>>> FOR A COPY OF THE DERWENT WORLD PATENTS INDEX STN USER GUIDE, PLEASE VISIT:
http://www.stn-international.de/training_center/patents/stn_guide.pdf

>>> FOR DETAILS OF THE PATENTS COVERED IN CURRENT UPDATES, SEE http://thomsonderwent.com/coverage/latestupdates/ <<<

>>> FOR INFORMATION ON ALL DERWENT WORLD PATENTS INDEX USER GUIDES, PLEASE VISIT:
http://thomsonderwent.com/support/userguides/ <<<

>>> NEW! FAST-ALERTING ACCESS TO NEWLY-PUBLISHED PATENT DOCUMENTATION NOW AVAILABLE IN DERWENT WORLD PATENTS INDEX FIRST VIEW - FILE WPIFV.

Searcher : Shears 571-272-2528

FOR FURTHER DETAILS: http://www.thomsonderwent.com/dwpifv <<<

>>> THE CPI AND EPI MANUAL CODES HAVE BEEN REVISED FROM UPDATE 200501.
PLEASE CHECK:
http://thomsonderwent.com/support/dwpiref/reftools/classification/code
FOR DETAILS. <<<

FILE JICST-EPLUS
FILE COVERS 1985 TO 14 NOV 2005 (20051114/ED)

THE JICST-EPLUS FILE HAS BEEN RELOADED TO REFLECT THE 1999 CONTROLLED TERM (/CT) THESAURUS RELOAD.

FILE JAPIO
FILE LAST UPDATED: 4 NOV 2005 <20051104/UP>
FILE COVERS APR 1973 TO JULY 28, 2005

<<< GRAPHIC IMAGES AVAILABLE >>>

FILE PHIC
FILE COVERS CURRENT RECORDS AND IS UPDATED DAILY
FILE LAST UPDATED: 17 NOV 2005 (20051117/ED)

FILE PHIN
FILE COVERS 1980 TO 14 NOV 2005 (20051114/ED)

FILE TOXCENTER

FILE COVERS 1907 TO 15 Nov 2005 (20051115/ED)

This file contains CAS Registry Numbers for easy and accurate substanc identification.

New CAS Information Use Policies, enter HELP USAGETERMS for details.

TOXCENTER has been enhanced with new files segments and search fields. See HELP CONTENT for more information.

TOXCENTER thesauri in the /CN, /CT, and /MN fields incorporate the MeSH 2005 vocabulary. See http://www.nlm.nih.gov/mesh/ and http://www.nlm.nih.gov/pubs/techbull/nd04/nd04_mesh.html for a description of changes.

FILE DISSABS
FILE COVERS 1861 TO 26 OCT 2005 (20051026/ED)

FILE PASCAL
FILE LAST UPDATED: 14 NOV 2005 <20051114/UP>

FILE COVERS 1977 TO DATE.

>>> SIMULTANEOUS LEFT AND RIGHT TRUNCATION IS AVAILABLE
IN THE BASIC INDEX (/BI) FIELD <<<

FILE FEDRIP

FILE COVERS CURRENT DATA. LAST UPDATE: 8 NOV 2005 (20051108/ED)

FILE HOME